

APPOINTMENT APPLICATION

Harrison Township Authorities, Boards, Commissions, and Advisory Committees

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: (Home) _____ (Cell) _____

APPLICANT E-MAIL: _____

POSITION(S) FOR WHICH YOU ARE APPLYING:

QUALIFICATIONS/EXPERIENCE (Please attach a resume or any additional information):

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN SERVING IN THIS POSITION

(Attached additional pages if necessary):

If you are a member of any other Harrison Township Authority, Board, Commission, or Advisory Committee, please state why you desire to serve on another body (Attached additional pages if necessary):

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Return application to:
Harrison Township
One Municipal Drive
P.O. Box 376
Natrona Heights, PA 15065

Date Received by Township: _____
Received by: _____

Or via email to: arockwell@harrisontwp-pa.gov