

**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