

CITIZEN LEADERSHIP FORM
(Application to Serve on Authority, Board or Commission)

Date: _____

Appointing Authority
Township of Maple Shade
200 Stiles Avenue
Maple Shade, New Jersey 08052

ATTN: Andrea T. DeGolia, Township Clerk

Dear Appointing Authority:

I, _____, residing at _____ hereby apply
(name) (city, state, zip code)
to perform public service on the following municipal authority(s), board(s) or commission(s):

1. _____
2. _____
3. _____

I have listed any education, prior volunteer experience, work-related experience and/or other civic involvement which could be of use to the authority(s), board(s) or commission(s) listed above.

Should you need to contact me, my telephone number is _____ and my email address is _____. I understand my personal information (phone number and address) is considered confidential and same is restricted from public disclosure under the Open Public Records Act.

Thank you for your attention and consideration to this matter.

Sincerely,

Signature

