



## 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. McVeigh, Township Clerk**

Dear Appointing Authority:

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
(Name) (City, State, Zip Code)

hereby apply to perform public service on the following municipal authority(s), board(s), 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  
(Telephone Number)

is \_\_\_\_\_. I understand my personal information (phone number and address) is  
(Email Address)

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

