



VOLUNTEER FORM

Thank you for your interest in serving Skippack Township. Please complete this form and return it to Alice Eastmure, Township Manager, aeastmure@skippacktownship.com

Applicant Information:

Full Name: _____

Address: _____

Phone: _____

Email: _____

Years of Residency in Skippack Township: _____

Position Sought:

- Planning Commission
- Zoning Hearing Board
- Parks and Recreation Board
- Other: _____

Background and Qualifications:

Current Occupation / Employer: _____

Relevant Education / Training: _____

Prior Government, Volunteer, or Community Service Experience:

Professional Skills or Areas of Expertise Relevant to the Township:

Why are you interested in serving on this board / Committee?

Conflict of Interest Disclosure:

No Yes (explain why)

Availability:

How often are you available to attend evening meetings?

Regularly Occasionally Rarely

Are you willing to attend required training sessions (if applicable)?

Yes No

Certification:

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that this form is a public record under the Pennsylvania Right-to-Know Law.

Signature: _____

Date: _____