



APPLICATION FOR APPOINTMENT

Silver Spring

Township 8 Flowers

Drive

Mechanicsburg, PA 17050

May attach resume

COMMITTEE OR COUNCIL APPLYING FOR: Zoning Hearing Board

Date of Application: _____

PERSONAL

Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Address: _____

How long have you lived in Silver Spring Township? _____

The Zoning Hearing Board has a business meeting once a month for approximately two (2) hours, depending on the size and complexity of its agenda. One hour of preparation time is typical for each hour of meeting time. There may be special meetings as required. Are you currently involved in activities that may conflict with your time commitment to this office? How can these conflicts be resolved?

EMPLOYMENT

Current Employer Name/Address: _____

Position: _____

How long? _____ Work Phone: _____

Work Experience: _____

EDUCATION:

Years Completed: _____ Degrees: _____

Colleges: _____

Certifications: _____

COMMUNITY INVOLVEMENT

Describe volunteer activity within this or other communities: _____

INTEREST STATEMENT:

Explain your interest in this committee/council: _____

List any relevant experiences, skills, or interests that have helped to prepare you for a position on this committee/council:

- Ordinance Reading Natural Resources Local Government Plan Reading
- Construction trades Business/commercial Map Reading Agriculture MPC requirements
- Other (please list below)

Additional information: _____

Most advisory committees, councils, and commissions request meeting at least once a month and the meeting hours may be evening or day, depending on the committee. Some committees also require some time outside of meetings. Interested applicants are encouraged to attend a meeting of this committee/council/commission prior to interviewing to serve.

I hereby certify that the information provided above is true and complete to the best of my knowledge. I understand that I will not be paid and that I will serve at the pleasure of Silver Spring Township. I hereby hold harmless and indemnify the Township of Silver Spring, its officials, agents and employees from liability or obligation arising from, or in connection with, my involvement with Township meetings, events, and other activities.

X _____
Signature of Applicant

Date

FOR OFFICE USE ONLY

Date Received: _____ Term Assigned: _____

Date Appointed: _____ Web site updated: _____

Send completed application to:
Township Office, 8 Flowers Drive, Mechanicsburg, PA 17050
or via e-mail to Christopher Guarino, cguarino@sstwp.org