



# APPLICATION FOR APPOINTMENT

Silver Spring  
Township 8 Flowers  
Drive  
Mechanicsburg, PA 17050  
*May attach resume*

COMMITTEE OR COUNCIL APPLYING FOR: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## PERSONAL

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived in Silver Spring Township? \_\_\_\_\_

Committees generally meet once a month for approximately two hours, depending on the agenda. One hour of preparation time is typical for each meeting. There may be special meetings as required. Are you currently involved in activities which may conflict with your time commitment to this committee? If so, how may 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: \_\_\_\_\_  
\_\_\_\_\_

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.*

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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

<b>FOR OFFICE USE ONLY</b>	
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 Willetta Huth, [whuth@sstwp.org](mailto:whuth@sstwp.org)**