



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870
TELEPHONE : (814) 692-9800 · FAX : (814) 692-7585
www.halfmoontwp.us

ABC VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OCCUPATION: _____

HOW MANY YEARS HAVE YOU LIVED IN HALFMOON TOWNSHIP? _____

Experience as an elected or appointed official:

Type of Position:

Duties Involved:

ABC(s) that you are interested in being appointed to:

Special Skills you have which relate to the ABCs applied for:

Other information that may be relevant in requesting appointment to the ABC(s): (please attach any additional relevant information.)

Signature of Applicant