HALFMOON TOWNSHIP
100 MUNICIPAL LANE
PORT MATILDA, PA 16870

BCC VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ **EMAIL:** _____

OCCUPATION: _____

HOW MANY YEARS HAVE YOUR LIVED IN HALFMOON TOWNSHIP? _____

Experience as an elected or appointed official:

Type of Position:	**Duties Involved:**
_____	_____
_____	_____

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

_____

_____

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

_____

_____

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

_____

_____

_____

Signature of Applicant