



**VOLUNTEER EXPERIENCE:**

*For Municipal Government:*

<u>Position</u>	<u>Municipality</u>	<u>Approximate Dates</u>

*For Other Organizations:*

<u>Position</u>	<u>Organization Name/Location</u>	<u>Approximate Dates</u>

**PREFERRED AREAS OF WORK:**

- |  |   |
|--|---|
| <input type="checkbox"/> Clerical Support                | <input type="checkbox"/> Special Task Forces  |
| <input type="checkbox"/> Marketing/Communications        | <input type="checkbox"/> Zoning Hearing Board |
| <input type="checkbox"/> Parks and Recreation Commission | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Planning Commission             | _____   |

How did you become interested in municipal government?

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN TO:**  
 Lancaster Township Board of Supervisors  
 1240 Maple Avenue  
 Lancaster, PA 17603