



Borough of Chalfont
VOLUNTEER APPLICATION
Advisory Boards, Commissions, Committees

NAME : _____

ADDRESS : _____

TELEPHONE : _____ DATE: _____

E-MAIL ADDRESS: _____

I WISH TO BE CONSIDERED FOR APPOINTMENT TO:

- | | |
|---|----------------------------|
| _____ Historical & Architectural Review Board | _____ Planning Commission |
| _____ Sewer Authority | _____ Zoning Hearing Board |
| _____ Civil Service Commission | _____ Borough Council |
| _____ Other _____ | |

_____ years as a resident, property owner or employee in the community.

Briefly describe why you would like to be considered for this appointment:

Please feel free to attach any additional information you feel might be pertinent.
