

East Fallowfield Township Board and Commission Application

Name:	Telephone:		
Address:	Da	Date:	
Email Address:	@		
Years as a Township Resident:	Occupation:		
Background/Interests:			
Please check the board(s) or comm	nission(s) that you would be willing to serve	on:	
 □ Park and Recreation Commission □ Planning Commission □ Zoning Hearing Board □ Agricultural Security Commission 			
**	on a monthly basis or every other week. Que ortant. Do you feel the other board members can be conducted?	• •	
□ Yes □ No	☐ Seasonally – from	to	
Why would you like to be on the b	ooard(s) or commission(s) you have selected:	(Please use reverse side if necessary)	
Concerns for the Township; if any:	:		

¹ Please attach a resume and/or letter of interest