Bernards Township "Tap The Talent" Application Form

Please fill out this form and email to municipalclerk@bernards.org

(Please feel free to attach a resume or statement of interest to the email)

Personal Information

Last Name _____ First Name _____ MI _____

Home Address _____ City _____ State NJ ZIP _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Years Resident _____ Availability: ☐ Day ☐ Evening ☐ Daily ☐ Weekly ☐ Monthly

Education & Professional Information

Highest Degree _____ Major _____

School _____ Present Employer _____

Position _____

Prior Volunteer Experience

Have you ever served as a volunteer for Bernards Township?

☐ No ☐ Yes, if so please list

Agency	Year/Term

Other volunteer experience?

☐ No ☐ Yes, if so please list

Agency	Year/Term

Board and Commission Interests

☐ Agricultural Advisory Board of
☐ Health
☐ Deer Management Advisory
☐ Diversity and Inclusion Committee
☐ Environmental Commission Fire
☐ Department
☐ First Aid Squad
☐ Fire or First Aid (Adminis.)
☐ Flood Mitigation/LEPC
☐ Golf Utility
☐ Library Board
☐ Municipal Alliance
☐ Planning Board
☐ Pool Commission (must be pool member)
☐ Rec, Parks & Pathways
☐ Sewerage Authority
☐ Special Task Force
☐ Shade Tree Commission
☐ Utility Advisory Task Force
☐ Youth Services Comm.
☐ Zoning Board of Adjustment
☐ Other, please specify _____

Professional Experience & Personal Interests

Mark your areas of expertise or interest: (E-Experience; I-Interest)

	E	I
Arts & Culture	☐	☐
Beautification	☐	☐
Community Development	☐	☐
Community Services	☐	☐
Computers	☐	☐
Crime Prevention	☐	☐
Education	☐	☐
Environmental	☐	☐
Government	☐	☐
Finance	☐	☐
Fire & Rescue, First Aid	☐	☐
Fund Raising	☐	☐
Health Issues	☐	☐
Historical	☐	☐
Landscaping & Trees	☐	☐
Library	☐	☐
Leisure Learning	☐	☐
Open Space Preservation	☐	☐
Planning & Zoning	☐	☐
Recreation & Pool	☐	☐
Quality Management	☐	☐
Senior Citizens	☐	☐
Traffic	☐	☐

HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses, which has not been sealed or otherwise cleared from your record? IF YES, EXPLAIN INCLUDING PERIODS OF REHABILITATION. (A yes answer is not an automatic bar to appointment.) NO

_____

Additional Information

Please add any information you feel would be helpful

_____

☐ I verify the information provided by me is true and accurate and by submission of this form I am indicating my interest in serving as a Bernards Township volunteer. Date: _____