## PLEASE EMAIL YOUR COMPLETED APPLICATION TO CKIEFFER@BERNARDS.ORG

RESUMES ARE WELCOME, BUT NOT REQUIRED.

PERSONAL INFORMATION:		
Name	Email	
Address		
Phone	Number of Years as a Resident	
EDUCATION & PROFESSIONAL INFO	RMATION:	
Highest Degree	Major	
School/University		
Present Employer	Position	
PRIOR VOLUNTEER EXPERIENCE:		
Have you ever served as a volunteer for Bern	nards Township? Yes No	
Do you have other volunteer experience?	Yes No	
If yes, please list the organization(s) and the	years:	
7 1	•	
Please mark any of the following boards/con	nmissions that you are interested in serving on	
Agricultural Advisory	Library Board	Sewerage Authority
Board of Health	Municipal Alliance	Shade Tree Commission
Deer Management Advisory	Planning Board	Zoning Board of Adjustment
Environmental Commission	Pool Commission *	Other, please specify
Golf Utility Advisory *	Recreation, Parks, & Pathways	
*Must be a member.		
The Township Committee greatly appreciat	es all volunteer applications and the willingne	ss of residents to contribute their tim
	o our boards and committees are based on var	
	Feach board. While we may not be able to p	olace every applicant immediately, w
review all applications carefully and will kee	p them on file for future openings.	
verify the information provided by me is serving as a Bernards Township volunteer.	true and accurate and by submission of this	form I am indicating my interest i
20 manuary 10 manuary 10 miles		
Signature:	Date:	