

**COLLEGE TOWNSHIP
APPLICATION FOR APPOINTMENT TO
AUTHORITIES – BOARDS – COMMISSIONS
(ABCs)**

GENERAL:

Name:

Home Address:

Business Address:

Phone: (Home)

_____ (Business) _____ (Fax) _____

Email Address: _____

Occupation: _____

How long a resident of College Township: _____

How long a resident of the Centre Region: _____

EDUCATIONAL BACKGROUND:

____ High School ____ Vocational School ____ College

My education/training was in the field(s) of:

PREVIOUS EXPERIENCE AS AN ELECTED/APPOINTED MUNICIPAL OFFICIAL:

Activity:

Type of Work:

Dates:

____ No prior 'ABC' experience but interested in offering my services.

SPECIAL SKILLS OR INTERESTS:

APPOINTMENT PREFERENCE:

Please attach any information you feel would help us as we review applications for appointments (resume, etc.)

Forward to: mwilson@collegetownship.org OR Mail to: College Township Manager
1481 E. College Avenue
State College, PA 16801

Signature of Applicant

Date Submitted