



## County of Bucks

### Application for appointment to board, authority or commission

Please complete application and mail to:

Chief Operating Officer, 55 East Court Street, Doylestown, PA 18901

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Municipality:** \_\_\_\_\_

**Which board, authority or commission are you interested in serving?**

First choice \_\_\_\_\_

Second choice \_\_\_\_\_

Third choice \_\_\_\_\_

**Why do you wish to serve on the above?** \_\_\_\_\_

\_\_\_\_\_

**What is your employment/vocation/education background which pertains to your above selections? List any other pertinent information (membership in organizations, awards, appointive or elected governmental positions held, etc.) *You may attach a resume.***

\_\_\_\_\_

\_\_\_\_\_

**Present employer & position** \_\_\_\_\_

\_\_\_\_\_

**Education:**

High School \_\_\_\_\_

College \_\_\_\_\_

Post-Graduate \_\_\_\_\_

Vocational \_\_\_\_\_

Military Serv. \_\_\_\_\_

**How long have you resided in Bucks County?** \_\_\_\_\_

**Have you previously served on a county board or commission? If yes, which one and what dates?**

\_\_\_\_\_

*It is important that members regularly attend meetings of the authority, board or commission to which they are appointed. Failure to attend regular meetings without a valid reason may result in removal.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_