WARREN COUNTY, NEW JERSEY Application for Membership on Boards/Commissions

		Board/Comm	ission		Date	
Name	e					
Addr	ess					
IELE	PHONE				Evening:	
		Cell:			Email:	
occu	PATION					
1.	Briefly.	explain vour int	erest in serving o	n the com	mittee?	
	,	, , , , , , , ,	3 ·			
2.	Are you available to become an active Board/Commission member?					
			Yes	No _		
3.	Are you year?	willing to serve	on a committee o	or work or	n a specific project through the coming	
			Yes	No _		
4.	Are you	a member of an	y board of directo	ectors or governing body of any organization?		
			Yes	No _		
5.	-		nis Board/Commis n you are involved		ent a conflict of interest with any other	
			Yes	No		

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6.	List service clubs or volunteer organizations you are involved in and any positions you have held.
7.	List any ideas or suggestions you have for issued to be addressed by the Board/Commission or programs or projects you feel would be beneficial.
8.	When would you be available for a personal interview, if necessary?
9.	When would you be available to join if appointed?

The Board/Commission seeks members, with diverse backgrounds and experiences in order to identify, examine, recommend and promote specific programs and services. Members should be willing to participate actively, not only at monthly meetings, but also by serving responsibly on the committee to implement Board/Commission goals. Please answer the above questions as thoroughly as possible. Use the back of this application if necessary.

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Please return this application to:

Warren County Department of Human Services
Division of Administrative Services
202 Mansfield Street
Belvidere, NJ 07823

Thank you for your interest.	
	Applicant Signature