

SHAMONG TOWNSHIP

Burlington County, NJ 105 Willow Grove Rd. Shamong, NJ 08088 www.shamong.net E-mail info@shamong.net

Phone # (609) 268-2377

Fax # (609) 268-2701

CITIZEN LEADERSHIP FORM

(Application to Serve on Authority, Board or Committee)

Date:

		_
Appointing Authority Shamong Township 105 Willow Grove Ro Shamong, NJ 08088	ad	
ATTN: Susan D. Ono	orato, Township Clerk	
Dear Appointing Auth	nority:	
I,	, residing at(city, state, zip	hereby apply
to perform public serv	ice on the following municipal authority(s)), board(s) or committee(s):
1. 2. 3.		
	ation, prior volunteer experience, work-related to the authority(s), board to the authority(s), board to the authority(s), board to the authority(s).	
	ntact me, my telephone number is	and
same is restricted from	nal information (phone number and addres n public disclosure under the Open Public F tention and consideration to this matter.	
Sincerely,		
Signature		

Please provide a brief explanation, list and/or attach any education, prior volunteer experience work-related experience and/or other civic involvement which could be of use to the authority(s) board(s) or committee(s) listed above.		