

**VOLUNTEER APPLICATION for  
BOARDS and COMMITTEES**  
Borough of New Alexandria, PA

FOR OFFICE USE ONLY
Date Received:
Appointed To:
Date Appointed:

*PLEASE COMPLETE EACH SECTION*

NAME \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

Interests/Skills/Areas of Expertise \_\_\_\_\_

\_\_\_\_\_

Professional Organizations/Civic/Political Activities (past and present) \_\_\_\_\_

\_\_\_\_\_

Area you would like help \_\_\_\_\_

\_\_\_\_\_

Is there any possible conflict of interest or other matter that would prevent you from fairly and impartially discharging your duties as an appointee of the New Alexandria Council?    Yes            No

I certify that the facts contained in this application are true and correct to the best of my knowledge and belief. I also certify that I am a resident of the Borough of New Alexandria and eighteen (18) years of age or older. I understand that this application will be retained in the Office of the Town Secretary for two (2) years and must be updated after that time. If not updated after that time, the application will be removed from the active consideration file.

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

Borough of New Alexandria  
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