



LEHIGH COUNTY APPOINTMENT INFORMATION FORM

Name of Authority, Board, or Commission _____

Applicant's Name _____

Residence Address _____

Municipality *and* County of Residence _____

Home phone: _____ Registered Voter: Yes _____ No _____

Work phone: _____ E-Mail: _____

Place of Employment _____

Position Held _____

Education _____

Membership on Authority, Board, or Commission (Present or Past) and Years of Service

Expertise Related to Appointment _____

Civic Organizations, Service Clubs, Agencies, Etc. (Past and Present) _____

Reasons for Interest in Appointment _____

Have you filed a Statement of Financial Interests? Yes _____ No _____

Percent of Regular Meetings Attended since Appointment _____

Percent of Committee Meetings Attended since Appointment _____

If you are seeking appointment to the Lehigh County Aging/ Adult Services Advisory Board, please answer the following:

Are you Above the Age of 60? Yes _____ No _____