



Tuscarora Township

Application for Appointment

Commissions, Committees or Citizen Task Forces

All applications for appointments to Commissions, Committees or Citizen Task Forces that the Board of Trustees shall have the authority to make shall be submitted to all Board members and voted upon by the Board of Trustees at a scheduled Board of Trustees meeting.

By state statute, Downtown Development Authority members are appointed by the Township Supervisor with the Township Board of Trustees' approval.

Individuals interested in an appointment to a Commission, Committee, or Citizen Task Force shall complete the Application for Appointment below. All applications will be submitted to the Tuscarora Township Office by the date and time specified in each posting.

The Clerk will notify all Board Members 60 days in advance of an appointee's term expiration.

Applicants must be 18 years or older to apply.

Application for Appointment

Board, Commission, Committee, or Citizen Task Force you are applying for: _____

I understand the terms for this appointment to be: _____

Enter term appointment date and term expiration date: _____

Applicant Information

1. Full Name: _____
 2. Residential Address: _____
 3. Home/Phone Number: _____
 4. Email Address: _____
 5. Are you a registered voter of the Tuscarora Township? ☐ Yes ☐ No
 6. Are you a full-time resident of Tuscarora Township? ☐ Yes ☐ No
 7. If not, do you own property or have a business in Tuscarora Township? ☐ Yes ☐ No
 8. Are you a US Citizen? ☐ Yes ☐ No
 9. Are you at least 18 years of age? ☐ Yes ☐ No
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Background & Qualifications

10. Current Occupation / Employer

Employer: _____

Business Address: _____

Business Phone Number: _____

11. Education (OPTIONAL; NOT REQUIRED)

High School: _____

Name of School, City, State where degree was earned: _____

College: _____

Name of School, City, State where degree was earned: _____

Trade/Business School: _____

Name of School, City, State where degree was earned: _____

12. Training

13. Relevant Experience

Have you served on Boards, Commissions, Committees, or community involvement or leadership roles before? ☐ Yes ☐ No

If yes, please describe and include dates of terms:

14. Please indicate your qualifications for appointment to this Board, Commission, Committee. Include any skills or expertise that would benefit the Township Board:

15. Is this an application for reappointment? ☐ Yes ☐ No

If yes, how many years have you served on the Board, Commission, Committee? _____

16. Are you currently serving on other Boards, Commissions, or Committees in the Township or elsewhere?

☐ Yes ☐ No

If yes, please describe and include dates of terms: _____

Additional Information

17. Conflicts of Interest

Do you have any potential conflicts (employment, contracts, family business, other board appts., etc.)?

☐ No ☐ Yes — If yes, please describe:

18. Are you currently serving on other boards, commissions, or committees in Tuscarora Township or elsewhere? ☐ Yes ☐ No

If yes, please describe and include dates of terms: _____

19. Activities

List civic, fraternal, charitable, or professional organizations you are a member of. You may include special interests:

20. Optional Attachments:

☐ Resume

☐ Letters of recommendation

☐ Other (please specify): _____

21. If appointed, are you willing to submit to a background check?

☐ Yes ☐ No

I ACKNOWLEDGE

(1) if appointed, I will comply with all Statutory and other requirements and obligations of my appointment, including adhering to relevant State, County, and Township laws, ordinances, regulations, and policies, (2) if I cease to comply with such requirements, I automatically forfeit said appointed position, (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for, (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking, and (5) I understand that this application and all information contained therein, will become part of the Board of Trustees agenda packet, which will be publicly available.

Signature: _____

Date: _____

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: _____

Date: _____
