

City of Johnstown Boards and Commissions

Volunteer Application

Personal Information							
Name:							
Last Address:	First			Middle			
Street		City	State	Zip			
Primary Phone: ()							
E-Mail address:							
Current Occupation:							
Expo	erience/Skills/ Certificat	tes/Certificatio	ons				
Have you served on any City of Johnstov Please describe your education, employr	•	•		■No ay contribute to the			
Boards / Commissions you are interested	l in. You may attach additio	onal sheets or a	resume if desired	l (optional).			
Special skills/ certificates/ certifications:							
	Boards of Interes	t					
What Boards / Commissions are you into	erested to serve? (check all	that apply)					
☐Planning Commission	☐Johnstown Housing A	uthority					
■Zoning Hearing Board	□Johnstown Water Autl	nority					
☐Civil Service Board	☐ Uniform Construction	Code Board of	Appeals				
☐Johnstown Redevelopment Authority	☐Loan Review Commit	tee					

Please list three references to your	skills, qualifications, or exp	eriance:				
Name	Relationship		Phone			
Street address	City	State		Zij	p	
2			()			
Name	Relat	Relationship		Phone		
Street address	City	State		Zij	p	
Name	Relat	ionship	()	Phone		
		•				
Street address	City	State		Zip)	
I understand that if appointed I am represen	ating the City of Johnstown and v	vill adhere to all applice	bla local stata a	nd fadaral laws		
Applicant's signature				/	/	
						
I affirm that all information presented belief.	within this application is true	and accurate to the be	est of my person	nal knowledge	and	
Applicant's signature			Date	//		
For more information, please visit j 814-539-2504 extension 102.	ohnstownpa.gov/boards-an	d-commissions or c	ontact the Cit	y Manager's	Office at	
Return completed application in pe	City of Joh	nstown	:			
	Attn: City M 401 Main	Street				
Or email to Executive Assistant S	Johnstown, P Sara Williams at: swillian					

Date Recieved _____/____/_____

Office Use Only