

# APPLICATION FOR MEMBERSHIP

## LYCOMING COUNTY GOVERNMENT

### ADVISORY AUTHORITY OR BOARD

We are pleased that you have expressed an interest in serving on the advisory panels and authorities that provide assistance to the Commissioners, our departments and offices. Please fill out the questionnaire below so that we may have your background information on file for future consideration when vacancies occur. Additionally, indicate your preferred areas of interest by checking the committees, boards or authorities listed on which you believe you might best serve. Understand that many positions on panels are restricted to certain specified categories of eligible appointees.

**NOTE:** Individuals serving on an *Authority* (not committees or boards) are subject to the provisions of the State Ethics Act that require members to file “*Statements of Financial Interest.*”

<b>COUNTY AUTHORITY</b>	<b>AGRICULTURAL LAND PRESERVATION BOARD</b>
<b>HOUSING AUTHORITY</b>	<b>ASSESSMENT APPEALS BOARD</b>
<b>INDUSTRIAL DEVELOPMENT AUTHORITY</b>	<b>CONSERVATION DISTRICT BOARD</b>
<b>RECREATION AUTHORITY</b>	<b>LIBRARY SYSTEM BOARD</b>
<b>SEDA-COG JOINT RAIL AUTHORITY</b>	<b>HUMAN SERVICES ADVISORY BOARD</b>
<b>WATER &amp; SEWER AUTHORITY</b>	<b>PLANNING COMMISSION BOARD</b>
<b>WILLIAMSPORT MUNICIPAL AIRPORT AUTHORITY</b>	<b>ZONING HEARING BOARD</b>
<b>COUNTY FARM ADVISORY COMMITTEE</b>	

<b>DATE</b>	<b>MUNICIPALITY</b>	
<b>LAST NAME</b>	<b>FIRST NAME</b>	
<b>HOME ADDRESS</b>		
<b>CITY STATE ZIP</b>	<b>YRS. RESIDING IN LYCOMING CO.</b>	
<b>HOME PHONE</b>	<b>CELL PHONE</b>	
<b>EMAIL</b>		

<b>PRESENT EMPLOYMENT</b>	
<b>ADDRESS</b>	
<b>CITY STATE ZIP</b>	
<b>WORK PHONE</b>	
<b>SPOUSE'S NAME</b>	
<b>OCCUPATION</b>	

<b>DO YOU HAVE ANY RELATIVES EMPLOYED BY LYCOMING COUNTY? (Yes/No)</b>	
<i>IF YES LIST NAME, DEPARTMENT.</i>	
<b>ARE YOU/YOUR SPOUSE ASSOCIATED WITH ORGANIZATION THAT DO BUSINESS WITH COUNTY GOVERNMENT? (Yes/No)</b>	
<i>IF YES, LIST ORGANIZATION.</i>	

<b>PLEASE LIST ANY RELEVANT EMPLOYMENT HISTORY</b>

<b>PLEASE LIST ANY APPLICABLE EDUCATION AND/OR TRAINING</b>

<b>BRIEFLY DESCRIBE YOUR INTEREST IN BECOMING INVOLVED WITH COUNTY GOVERNMENT</b>
<b>LIST PREVIOUS VOLUNTEER EXPERIENCE (ORGANIZATIONS, POSITIONS HELD (IF ANY), AND DESCRIPTION OF PERSONS SERVED)</b>
<b>LIST ANY SPECIAL SKILLS THAT MAY BE HELPFUL TO AN ADVISORY PANEL</b>

<b>REFERENCES</b>		
NAME	ADDRESS	TELEPHONE

You may also attach a personal resume or any additional information you may wish to share with the Commissioners. Thank you again for expressing interest in assisting your County Government.



Please return this completed application to:

[servelycoming@lyco.org](mailto:servelycoming@lyco.org)

**LYCOMING COUNTY COMMISSIONERS**

**SCOTT L. METZGER, CHAIRMAN**

**MARC C. SORTMAN, VICE CHAIRMAN**

**MARK MUSSINA, SECRETARY**

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