



Solebury Township Historical Society

BOARD CANDIDATE FORM

BOARD CANDIDATE: _____
(First Name) (Middle Name or Initial) (Last Name)

STREET ADDRESS: _____

ZIP CODE: _____ TELEPHONE #: (H) _____ (C) _____

E-MAIL: _____

OCCUPATION: _____

History of volunteer work, employment, or other interests: (List dates and responsibilities).

What areas of the STHS Board work are of particular interest to you?

How will being an STHS Board Member be good for you personally?

From our experience, Board Members spend a minimum of 8 hours per month on various projects. Depending on your level of involvement and commitment, this time might increase.

Do you see this as a problem? _____

Please allow my name to stand for nomination to the STHS Board of Directors.

Signature

Date