



WASHINGTON TOWNSHIP MUNICIPAL COMPLEX | ADMINISTRATIVE OFFICES  
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Phone: 717-762-3128 | Fax: 717-762-1775 [www.washtwp-franklin.org](http://www.washtwp-franklin.org)

## Impact Advisory Committee Candidate Application

Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_ (Work): \_\_\_\_\_

\_\_\_\_\_ (Cell): \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

Where are you employed? \_\_\_\_\_

Why do you want to be on the committee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What expertise, knowledge, and/or life experiences do you believe you will add to the committee if selected?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any specific goals that you would like to achieve? \_\_\_\_\_

\_\_\_\_\_

Any additional comments? (Attach resume, additional sheets, or use the back of this form if you require more space.): \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_