## **County of Lackawanna**

## **Boards, Authorities and Commissions Application**

Personal Information			
Full Name:	Date:		
Address:	Last	First	М.І.
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Home Phor	ne: ( )	Alternate Phone: ( )	
E-mail Address:			
	Jol	b Information	
Title:		Employer:	
Supervisor:		Department:	
Work Phon	e: <u>(</u> )	Cell Phone: ( )	
Please List the Boards, Authorities and Commissions That You Wish to Serve (One Per Line):			
1 100	Se List the Boards, Admentics and St	ommissions that rou wish to corv	o (one i ei eine).
Please Explain Why You Would Like to Serve on a Separate Sheet / Attachment			
Please Send This Application <u>and</u> Your Resume to Us Using One of These Options:			
200 Adar	<i>Mail:</i> nna County Board of Commissioners ns Avenue, 6 <sup>th</sup> Floor PA 18503	For Internal Use Only:	
	imile Transmission: nna County Board of Commissioners 3-6812		
Lackawa Attn: Fra	il Transmission: nna County Board of Commissioners n Pantuso, Outreach Manager @lackawannacounty.org		