



**TOWNSHIP OF GALLOWAY
DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF THE TOWNSHIP CLERK**

300 E. JIMMIE LEEDS ROAD GALLOWAY, NJ 08205
(609) 652-3700 EXT. 237 FAX: (609) 652-3233

Thalia C. (TC) Kay, RMC
TOWNSHIP CLERK

Citizen Leadership Form

I, _____, hereby apply to perform public service on the following municipal authorities, boards or commissions:

- a) _____
- b) _____
- c) _____

Name

City, State

Zip

Please list any: education, prior volunteer experience, work related experience; or other civic involvement which could be of use to the authorities, boards or commissions which you listed above:

Personal Information Not Subject to Public Disclosure*

Primary Phone Number

Address of Residence

Email Address

****The information in this section is considered personal information, and is therefore deemed confidential for the purpose of P.L. 1963, c. 73 (C.47:1A-1 et seq.) and P.L. 2001, c. 404 (C.47:1A-5 et al.).***