



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

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

Kelli Danieli  
Acting Township Clerk  
Kdanieli@gtnj.org

### **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:

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**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.).**