

WARRINGTON TOWNSHIP YOUTH AID PANEL

APPLICATION FOR APPOINTMENT

Name _____
 First Middle Last (Maiden)

Date of Birth _____ Home Phone _____ Cell Phone _____

Mailing and Physical Address _____

How long have you lived at your present address? _____
 Months Years

Previous Address _____

Single ___ Married ___ Widowed ___ Separated ___ Divorced ___

Children: (ages/sex) _____

Present Occupation _____ How long? _____

Present Employer _____

Education-Circle highest completed 4 5 6 7 8 9 10 11 12
 Some College Graduated College Masters Doctorate Other

What was your major area of study? _____

Do you hold any elected or appointed public office? Yes ___ No ___ If yes, what office
and for how long? _____

Are you a candidate for political or public office? Yes ___ No ___ If yes, what office?

Are you a police officer? Yes ___ No ___

Have you been a member of a Youth Aid Panel in the past? Yes ___ No ___ If yes,
where and for how long? _____

Previous volunteer experience (use additional paper if necessary)

Activities and interests (use additional paper if necessary)

Major organizations to which you belong (civic, religious, social, fraternal, etc)

Describe skill that you possess and those aspects of your personality which, you feel, render you well suited to perform this volunteer counseling service.

Have you ever been charged and/or convicted of a crime? Yes ___ No ___ If yes, explain (a yes answer does not automatically exclude you from consideration)

Please list two references, complete with full name, address and telephone number

I acknowledge that all the information provided is true and correct and seek appointment to the panel.

Applicant's Signature*

Date

*** *My signature on this application constitutes my authorization to obtain any information available pursuant to the Criminal History Record Information Act.***

Return the completed form to:

**Deputy Chief Richard H. Bradbury, Sr.
Warrington Township Police Department
852 Easton Road
Warrington, PA 18976**