



**INDIAN ROCKS PROPERTY OWNERS ASSOCIATION, INC.**

**Of Ledgedale**

889 Ledgedale Road

Lake Ariel, PA 18436

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**Board of Directors Candidate Application**

**NOTE TO APPLICANTS:** In order to be considered for a seat on the Board of Directors, the candidate must meet all candidate requirements and own property in Indian Rocks for a minimum of two (2) years.

Please type or print clearly in ink. Do not leave any areas blank. If questions do not apply, indicate "n/a" or draw a slash through the section.

**NAME:** \_\_\_\_\_  
(Last) (First) (M.I.)

**ASSOCIATION INTEREST:**

**HAVE YOU ATTENDED A MEETING OF THIS COMMUNITY BOARD IN THE PAST YEAR? YES \_\_\_ NO \_\_\_**

**ARE YOU CURRENTLY SERVING (or have you previously served) AS A MEMBER OF A COMMITTEE OF THIS COMMUNITY BOARD? YES \_\_\_ NO \_\_\_**

If so, please list committee(s) \_\_\_\_\_

**HAVE YOU EVER SEVED ON ANY BOARD, COMMISSION OR COMMITTEE? YES \_\_\_ NO \_\_\_**

If yes, complete the information requested below. Please note if you were a public member of a board committee.

<b>Dates Served</b>	<b>Position Held</b>	<b>Organization</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE NOTE: AS A BOARD MEMBER, YOU WILL BE EXPECTED TO SERVE ON ONE (1) OR MORE COMMITTEES.**

INFORMATION AS DENOTED BY (\*\*) BELOW WILL NOT BE MADE PUBLIC

**CONTACT INFORMATION**

FULL NAME: \_\_\_\_\_

\*\*HOME ADDRESS: (INCLUDE INDIAN ROCKS LOT NUMBER OR STREET ADDRESS)

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**\*\*PHONE NUMBERS**

HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

WORK: \_\_\_\_\_ FAX: \_\_\_\_\_

\*\*EMAIL ADDRESS: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

\*\*EMPLOYER: \_\_\_\_\_

\*\*YOUR TITLE/POSITION: \_\_\_\_\_

\*\*EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*\*TELEPHONE: \_\_\_\_\_ \*\*YEARS WITH EMPLOYER: \_\_\_\_\_

**COMMUNITY/CIVIC INTERESTS**

**COMMUNITY ACTIVITIES** (List all civic and community organizations, neighborhood associations and/or any other groups.)

ORGANIZATION	DATES	TITLES	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE STATE WHY YOU BELIEVE YOU WOULD BE AN EFFECTIVE COMMUNITY BOARD MEMBER AND PROVIDE ANY ADDITIONAL INFORMATION YOU BELIEVE WOULD BE USEFUL IN CONSIDERING YOUR APPLICATION/RESUME** (Include relevant skills, interests and resume.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**\*\*NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **AFFILIATION/RELATIONSHIP:** \_\_\_\_\_

**\*\*NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **AFFILIATION/RELATIONSHIP:** \_\_\_\_\_

**\*\*NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **AFFILIATION/RELATIONSHIP:** \_\_\_\_\_

**IDENTIFICATION AND STATEMENT**

\*\* (check one) \_\_\_\_\_ **HAVE NEVER** \_\_\_\_\_ **HAVE** been convicted of a misdemeanor or felony. (If you have, describe and explain on a separate sheet of paper and attach to this application.)

I AFFIRM THAT I AM A PROPERTY OWNER IN GOOD STANDING AND THAT I HAVE OWNED PROPERTY IN INDIAN ROCKS FOR MORE THAN 2 YEARS.

**I HEREBY AFFIRM THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT BY SIGNING BELOW, I AM AUTHORIZING ANY CRIMINAL, BACKGROUND AND REQUIRED CHECKS TO BE CONDUCTED.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_