



# Indian Rocks Property Owners Association of Ledgedale, Inc.

889 Ledgedale Road, Lake Ariel, PA 18436

Phone: 570-689-7582

Fax: 570-689-7616

## 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 SERVED 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.

Dates Served	Position Held	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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) \_\_\_\_\_  
\_\_\_\_\_

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

\*\*PHONE NUMBERS

HOME (\_\_\_\_) \_\_\_\_\_ MOBILE (\_\_\_\_) \_\_\_\_\_

WORK (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

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

**EMPLOYMENT INFORMATION**

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

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

\*\*EMPLOYER ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ 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

\*\*I (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 it 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: \_\_\_/\_\_\_/\_\_\_