COUNTY OF MORRIS
BIOGRAPHICAL PROFILE FORM FOR ADVISORY BODY SERVICE

Name: _____
Address:_____
Length of Residency in Morris County: _____
Telephone #: Work: _____ Home: _____
Email Address: _____
Occupation: _____
Education. Certification, Degrees: _____
_____
_____

Comments: Particular areas of interest, related experience, volunteer activities, etc.

_____
_____
_____
_____

Do you have any familiarity with or interest in the area of:

Human Services	Yes ____ No ____	Law Enforcement & Safety	Yes ____ No ____
Education & Cultural Services	Yes ____ No ____	Planning & Development	Yes ____ No ____
Administration and Finance	Yes ____ No ____	Public Works	Yes ____ No ____

If yes, please elaborate: _____
_____
_____

What particular skills or expertise could you contribute to an Advisory Body? _____
_____
_____
_____

Are you currently, or have you been an employee of, volunteered for, or a Board member of an agency which receives County or State funding? Yes _____ No _____
If yes, please elaborate: _____
_____
_____
_____

References:

1. _____
   _____
   _____
   _____

2. _____
   _____
   _____
   _____

Signature _____ Date: _____

Please attach a resume, if available, and return to:

Morris County Department of Human Services
P. O. Box 900
Morristown, NJ 07963-0900

Print Form