

JEFFERSON COUNTY FAIR AUTHORITY  
Director's Application Form

Name: \_\_\_\_\_

\_\_\_\_\_ years lived in  
Jefferson County

Address: \_\_\_\_\_

Profession:

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. Are you available to attend monthly meetings on the first Wednesday of each month at 7:30 p.m. in Brookville and special meetings on occasion?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Do you understand the role of the Jefferson County Fair Authority?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. List community organizations in which you are active:

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

4. Briefly describe what qualifications and attributes you would bring to the Authority:

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

5. Do you have work experience or education in the field of agriculture? If yes, please describe:

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

6. What are the major issues you feel the Jefferson County Fair Authority needs to address?

(Use the back of this sheet or attach a separate sheet if necessary):

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

All applications will be reviewed by the Nominating Committee and recommendations will be forwarded to the Jefferson County Commissioners for appointment. All appointees will assume 5-year terms as set by the commissioners, and will begin service on the first Monday of January in that year. Any decisions of the commissioners will be final. Thank you for your interest in the Jefferson County Fair Authority. Please return your completed application form as soon as possible to:

Jim Grant, Secretary  
1709 Arch Street Ext.  
Brockway, PA 15824 FAX 265-8557  
Phone: 265-0640 (for further information)  
E-mail: jimgrant@penn.com