



Rocky Hill Community Fund Advisory Committee Application

Full Name: _____

Phone Number (home): _____

Phone Number (cell): _____

Email Address: _____

Address: _____

Best time to reach you: _____

Preferred way to contact you: phone _____, email _____, text _____

How did you hear about this opportunity? _____

1. Have you ever been affiliated with any organizations, clubs, etc.? If so, which one(s).

2. Why are you interested in participating in the Rocky Hill Community Fund Advisory Committee?

3. To help us create a committee that is inclusive and reflective of all Rocky Hill residents, please tell us something about yourself:

4. What unique interests or skills would you bring to the committee?

5. Please tell us about your work and/or volunteer experience, if any.

6. Age range 14-17____ 18-24____ 25-44 ____ 45-64____ 65+____

Signature:_____ Date: _____

Applicants under 18 need permission from a parent or guardian to apply.

I give permission for my child _____ to apply to be a member of the Rocky Hill Community Fund Advisory Committee, and if accepted, to participate in all meetings and activities of the same. I understand the Community Fund may wish to make known the success of this effort, and I authorize my child to appear in photographs for this purpose.

Parent/Guardian signature: _____ Date: _____

Please return to: GreaterTogetherCommunityFund@gmail.com

Cora J. Belden Library
33 Church Street
Rocky Hill, CT 06067

