



## 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](mailto:GreaterTogetherCommunityFund@gmail.com)

--or--

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