Enfield Greater Together Community Fund

Advisory Committee Application

|  |
| --- |
| Full Name: |
| Phone Number: | Organizational affiliation (if any): |
| Email Address: | Address: |
| Why are you interested in participating in the Advisory Committee for Enfield’s Greater Together Community Fund? |
| How do you identify yourself? *Examples of identity include race, ethnicity, gender, socioeconomic status, sexual orientation, religion, age, country of origin, educational background, work experience.* |
| What unique talents or skill sets would you bring as an advisory committee member? |
| Have you been part of any organizations or groups in town? If so, please list. |
| Advisory Committees will meet on a monthly basis and occasionally requires independent time reviewing/preparing committee materials. Do you have the time to be an active member of the Advisory Committee? |

***(For applicants under 18, you must secure permission from a parent or guardian.)***

Permission: I hereby give permission for my son/daughter \_\_\_\_\_\_\_\_\_ to be a member of the Greater Together Community Fund Advisory Committee, and to participate in all meetings and activities of the same. I understand the Community Fund may wish to make known the success of this venture, and I therefore authorize my child to appear in photographs for publicity purposes.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_