



SOUTH WINDSOR GREATER TOGETHER COMMUNITY FUND

ADVISORY COMMITTEE MEMBER APPLICATION

Full Name:					
Phone Numbers: Home: Office: Mobile:	Home Address:				
Email Address:	Years Residing in South Windsor: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Less than 3</td> <td style="width: 50%;">6 - 10</td> </tr> <tr> <td>3 - 5</td> <td>10+</td> </tr> </table>	Less than 3	6 - 10	3 - 5	10+
Less than 3	6 - 10				
3 - 5	10+				
Please tell us about why you want to join the Advisory Committee: (1) What do you hope to contribute to the committee? (2) What do you hope to learn from serving on the committee? (3) What do you hope the committee will accomplish? (4) Because diversity and inclusion are critical to the success of the Advisory Committee, please indicate your age group and racial/ethnic group: <input type="checkbox"/> Age 15—18* <input type="checkbox"/> Age 25—40 <input type="checkbox"/> Age 56—65 <input type="checkbox"/> Age 19—25 <input type="checkbox"/> Age 41—55 <input type="checkbox"/> Age 66+ <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other Please share any other identities that you would like include so that we can ensure the Advisory Committee is as inclusive as possible and represents <u>all</u> South Windsor residents.					

I have read and understand the mission of the South Windsor Community Fund Advisory Committee and will, if selected for the committee, will help to carry out that mission and to benefit the South Windsor community through this work.

Signature

Date

***Signature**

Date

*(Parent or Guardian, if under age 18)