

Bloomfield Greater Together Community Fund

Please take a moment to read the Bloomfield Advisory Committee ANNOUNCEMENT to understand the scope of this project.

Full Name:

Address:

Email:

Phone Number:

Why are you interested in participating in the Advisory Committee for Bloomfield's Greater Together Community Fund?

How many years have you lived in Bloomfield?

Have you been or are you currently part of any organizations in town? If so, please list.

What unique talents or skills sets would you bring as an Advisory Committee member?

**The Advisory Committee will meet on a regular basis, especially during the first year of the project.
Do you have the time to be an active member and make the commitment to the Advisory Committee?**

*Demographic information: The following questions are helpful to the Selection Committee in trying to appoint an inclusive and representative Advisory Committee that represents Bloomfield's residents. They are **OPTIONAL** but we encourage you to answer as completely as possible, as you feel comfortable.*

Gender:

Male Female Other

Marital status:

Single Married
Divorced Widowed

Age:

14-20
21-40
41-64
65+

Military Veteran: Yes No

Employment status:

Employed full time (30+ hrs/week)
Part time (less than 30 hours)
Unemployed or seeking employment
Retired
Disabled
Other

Religious affiliation if any:

Number of children under 18:

Race/Ethnicity (check all that apply):

Asian/Pacific Islander
Black/African American
Hispanic/Latino
Native American/American Indian
White
Other

Education:

Some high school
High school diploma/GED
Associate's degree
Bachelor's degree
Postgraduate degree

Do you wish to share any other information that you feel would be relevant for the Selection Committee, e.g., member of LGBTQ+ community, foreign languages spoken, etc.?

The following section relates to applicants under 18 years of age. Interested applicants in this age group must obtain permission from parent or guardian.

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

Parent/Guardian signature _____ Date: _____

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Questions? You can contact the selection committee at bloomfieldcommunityfund@gmail.com.

To submit your application, please complete the information required, save and send as attachment to bloomfieldcommunityfund@gmail.com Please put your last name in the subject line. Or you may print the application, complete it and mail to Bloomfield Community Fund, c/o Willard, 21 Schuyler Lane, Bloomfield, CT 06002-1534

APPLICATION DEADLINE is March 10, 2020. All applications will be acknowledged at that time. You may be contacted for further information regarding your application.