****

**Windsor Locks Greater Together Community Fund**

**Advisory Committee Application**

|  |  |
| --- | --- |
| **Full name:** | **Address:** |
| **Phone Number:** | **Email Address:** |
| **Why are you interested in participating and what do you hope to bring to the Advisory Committee?** It is the intention of the Advisory Committee to be welcoming and inclusive to a diverse group of participants so we want to know of any barriers to your participation in order to accommodate them. (ex. transportation, translation, audio/visual communications or materials, babysitting needs) Please feel free to use any of the spaces below to communicate any needs with us. | |
| **Tell us something about yourself.** *(It is important to select an Advisory Committee which represents many of Windsor Locks’ wonderful community members. To the extent you are comfortable you may want to include things like work experience, family, educational background, race, ethnicity, gender identity, sexual orientation, religion, age, etc.)* | |
| **If you are under 18 years of age you will need permission from a parent or legal guardian to apply.**  I       give permission for       to apply to be a member of the Windsor Locks Community Fund Advisory Committee, and if accepted, to participate in meetings / 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 or videos for this purpose.  **Parent / Guardian Signature:**  **Date:** | |

**Application does not ensure acceptance on Advisory Committee.**

**Applications can be sent via email to** [WLCommunityFund@gmail.com](mailto:WLCommunityFund@gmail.com)**.**

**Thank you for applying!**