



Tolland Greater Together Community Fund
Advisory Committee Application/Nomination Form

Full Name:	
Phone Number:	Organizational affiliation (if any):
Email Address:	Address:
How many years have you lived in Tolland?	
Why are you interested in participating in the Advisory Committee for the Tolland Greater Together Community Fund?	
Please describe any social, economic, or community needs you see in Tolland.	
What talents or skill sets would you bring as an advisory committee member?	

Have you been involved in town or school activities? Please list any groups, organizations or clubs you have been involved with and describe your role.

Please list any possible conflicts of interest with regards to award grants to nonprofit organizations.

PLEASE NOTE:

If you are under 18 years of age, you will need permission from a parent or legal guardian to apply. Please review with your parent or legal guardian and complete the following:

I, _____ give permission for
(name of parent of guardian)

_____ to apply to be a member
(name of applicant under age 18)

of the Tolland Greater Together Community Fund Advisory Committee and if accepted, to participate in meetings and activities of the same. I understand the Community Fund Advisory Committee may wish to make known the success of this effort, and I authorize

_____ to appear in photos or
(name of applicant under age 18)

videos for this purpose.

Parent / Guardian Signature: _____.

Date: _____.

Thank you for your interest!

Please complete and email this form to hfp4tolland@gmail.com.

Questions? Please email the committee at hfp4tolland@gmail.com.