**Windsor Locks Greater Together Community Fund**

**Advisory Committee Application**

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| --- |
| Full Name: |
| Phone Number: |
| Email Address: |
| Address: |
| What do you like most about living in Windsor Locks? |
| Why are you interested in participating in the Advisory Committee for the Windsor Locks Greater Together Community Fund? |
| Please briefly describe any social, economic, or community needs you see in Windsor Locks. |
| Is there anything else that you would like to share with us? |
| The following responses are optional but will enable the Committee to meet its goal of being diverse, inclusive, and fully representative of the community. What is your age? Gender? Race/ethnicity? Do you have a disability?  |

**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 Windsor Locks 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**

**windsorlockscommunityfund@gmail.com.**

**Questions? Please email the committee at windsorlockscommunityfund@gmail.com.**

**Application Deadline May 31, 2023**