



**Farmington Greater Together Community Fund**  
**Advisory Committee Application**

Full Name:	
Phone Number:	Organizational Affiliation (if any)
Email Address:	Address:
What do you like most about living in Farmington?	
Why are you interested in participating in the Advisory Committee for the Farmington Greater Together Community Fund?	
Please describe any social, economic, or community needs you see in Farmington.	
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.

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?

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