## **BOLTON**

GREATER TOGETHER COMMUNITY FUND







## Hartford Foundation

FOR PUBLIC GIVING

## Bolton Greater Together Community Funds Advisory Committee Membership Application Form

Application			
Full Name:		Phone Number:	
Email Address:	Address:		
How many years have you lived in Bolton?			
What is/ was your Occupation, or if in school what school and grade do you attend:			
Why are you interested in becoming a mer as specific as you can.	nber of the Advisor	y Committee? Please be	
Please describe yourself? Share with the Ginterests, skills and talents that would con			

Are you active in clubs, organizations, committees either in town or elsewhere? Please describe your involvement now and previously.		
Discontinuo		
Please discuss any social, economic or com you hope the Greater Together Community F		
Please provide 2 references:		
Name:	Phone #	
Name:	Phone #	
PLEASE NOTE: If you are under 18 year a parent or legal guardian to apply. Pleas guardian and complete the following:		
I,	give permission for	
I,(name of parent of guardian)		
	to apply to be a	
member (name of applicant under age 18 Community Fund Advisory Committee an and activities of the same.	•	
I understand the Community Fund Advisor the success of this effort, and I authorize	ory Committee may wish to make known to appear in photos or	
(name of applicant under age 18) videos		
Parent / Guardian Signature: Date:		

## Thank you for your interest!

Please complete/ email this form by March 10, 2023 to boltoncommunityfund21@gmail.com

Questions? Email the committee at boltoncommunityfund21@gmail.com