



Tolland Greater Together Community Fund
Advisory Committee Application/Nomination Form

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

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.

Click or tap here to enter text.

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

Click or tap here to enter text.

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, (insert name of parent or guardian) give permission for

(insert name of applicant under age 18)

to apply to be a member 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 (insert name of application under age 18)

to appear in photos or videos for this purpose.

Parent / Guardian Signature:

Date:

Applications or nominations for the Tolland Community Fund Advisory Committee are being accepted between September 5 - November 14, 2023. Please email to hfp4tolland@gmail.com.