

**HEBRON COMMUNITY FUND ADVISORY COMMITTEE APPLICATION**

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| Full Name: |
| Phone Number: | Email Address: |
| Best times to reach you: | Address: |
| Organizational affiliation (if any): |
| Why are you interested in participating in the Hebron Community Fund Advisory Committee?  |
| Tell us something about yourself.*You may want to include things like your work experience, family, educational background, race, ethnicity, gender identity, sexual orientation, religion, age, etc.* |

*Application does not ensure acceptance on Advisory Committee.*

Thank you for applying!

**Applicants under 18 need permission from a parent or guardian to apply.**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to apply to be a member of the Hebron Community Fund Advisory Committee, and if accepted, to participate in all meetings/activities of the same. I understand the Community Fund may wish to make known the success of this effort, and I authorize my child to appear in photographs for this purpose.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_