



COMMITTEE APPLICATION FORM

Date: _____

Name: _____

Email Address: _____ Cell Phone Number: _____

Neighborhood: _____

Are you a seasonal member or do you live here 12 Months: _____

Are you on any other committees? _____

Are you able to block out 2-3 hours a week for meetings? _____
While we won't need that amount of time, it is our hope that meetings can be scheduled weekly and cancelled when not needed at busy times. Monthly meetings try to occur on the same week of the month on the same day.

Are you able to utilize Zoom and Participate using Zoom if you are not able to attend in person? ☐ Y ☐ N

What committee are you applying to be part of? _____

What Professional experiences do you have that apply to the committee mission?

Please type in this box

What degrees or professional training do you have that apply to the committee mission?

Please type in this box

What ideas or vision do you hope to bring to this committee that you are applying for at WCC?

Please type in this box

What else would you like to share that makes you an asset to the committee you are applying for at WCC?

Please type in this box