

City View Community Plan

Steering Committee Application

1. What is your name? (Please print clearly)

2. What is your phone number? (Please include area code)

3. What is your email? (Please print clearly)

4. What are your hours of availability?(Select all that apply)

Monday

Tuesday

Wednesday

Thursday

☐ Morning (10am-12pm) ☐ Morning (10am-12pm) ☐ Morning (10am-12pm) ☐ Morning (10am-12pm)

☐ Afternoon (2pm-4pm) ☐ Afternoon (2pm-4pm) ☐ Afternoon (2pm-4pm) ☐ Afternoon (2pm-4pm)

☐ Evening (6pm-8pm) ☐ Evening (6pm-8pm) ☐ Evening (6pm-8pm) ☐ Evening (6pm-8pm)

5. What is your reason for interest in serving on the steering committee?