## City View Community Plan

## Steering Committee Application

2. What is your phone number? (Please include area code)  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) Evening (6pm-8pm) Eveni	1. What is your name? (Please print clearly)						
3. What is your email? (Please print clearly)  4. What are your hours of availability?(Select all that apply)  Monday Tuesday Wednesday Thursday  O Morning (10am-12pm) O Morning (10am-12pm) O Morning (10am-12pm) O Morning (10am-12pm) O Afternoon (2pm-4pm) O Afternoon (2pm-4pm) O Afternoon (2pm-4pm) O Evening (6pm-8pm) O Even							
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5. What is your reason for interest in serving on the steering committee?		○ Morning (10am-12pm ○ Afternoon (2pm-4pm)	) Morning (10am-12pm) O Afternoon (2pm-4pm)	<ul><li>○ Morning (10am-12pm)</li><li>○ Afternoon (2pm-4pm)</li></ul>	○ Morning (10am-12pm) ○ Afternoon (2pm-4pm)		
	5. What is your reason for interest in serving on the steering committee?						