

COMMUNITY CENTER IMPLEMENTATION TASK FORCE
EXPRESSION OF INTEREST FORM

Integrated Community Action Planning (ICAP)

Title: _____ Name: _____

Home Address: _____

E-mail Address: _____ Phone #: _____

Number of years you have lived in the community: _____

Occupation: _____ Employer: _____

Business Address: _____

Prior elected or appointed offices held (if any): _____

Present and past community volunteer activities: _____

Why are you interested in serving on this task force? _____

Do you have any unique skills or experiences which would be beneficial to the ICAP to know in selecting someone to serve? _____

Are there any particular projects, programs, or goals you would like to see achieved while serving on the task force? _____

Signature

Date

Please return this form to:

VCDC, 2 East Main St., Vermillion, SD 57069; vcdc@vermillionchamber.com