



Committee Member Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit

Town/Village County Post Code

Phone: _____ Email _____

Tell us why you want to be on the Committee

Please give us a brief explanation: -

Previous Experience

Please give details below of your skills & experience and indicate why you wish to be on the Carnival Committee (No more than 200 words.)

Can you Commit a few hours every week / month

Weekly Yes No Monthly Yes No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____