Little Falls Foundation

Volunteer Interest Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am interested in serving as a volunteer in the following capacity:

\_\_\_\_\_\_Trustee (voting member who attends monthly trustee meetings)

\_\_\_\_\_\_Committee Volunteer (meetings vary based on committee and timing)

I have the following interest areas:

\_\_\_\_ Fundraising Events

\_\_\_\_ Annual Fund

\_\_\_\_ Grants

\_\_\_\_ Communications

Please provide a brief description of yours skills and experience relating to the above or to other non- profit organizations and how your service could benefit the Little Falls Education Foundation.

Please indicate if you have any children that attend(ed) Little Falls Township Public Schools: (check all that apply)

\_\_\_ Little Falls Township Public School No. 1

\_\_\_ Little Falls Township Public School No. 2

Please indicate if you or your spouse attended Little Falls Township Public Schools:

\_\_\_ Yes (please provide years attended)

\_\_\_ No

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For those interested in serving as trustee only please fill out the following information:

I am interested in enhancing public education. I am a Little Falls resident and not currently on the Board of Education or employed by Little Falls Township Public Schools. I am willing to serve a three-year term as a trustee, attend monthly meetings and actively participate in committee work outside of those meetings. My participation will include a financial contribution at a level comfortable for my family.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward any questions and the completed form to: Volunteer@LittleFallsEducationFoundation.org