

■ ARPA Community Outreach Taskforce

INTEREST FORM



To apply for membership please complete all questions.

Date:

Full Name

Home Phone

Email

Cell Phone

Address

Please list any prior community service / volunteer activities / applicable experience

Please provide a brief statement about yourself and why you are interested in serving on the ARPA Community Outreach Taskforce

BLOOMFIELD, CT

YOUR VOICE AND INVOLVEMENT MATTERS

