

Title VI Advisory Committee Application Form

Name: _____ Date: _____

Address: _____

Phone No.: _____

Please check all that applies:

Familiar with Title VI program operation

Good communication skills

Elder 55 - Elder 65 - Elder 75 +
65 75

Participate in the program activities on regular bases

In good standing with Title VI program

In good standing within Otoe - Missouriia community

Familiar with fundraising activities

Does not have any physical limitations that would limit me
from duties

Please check the position you are applying for:

Chairperson

Vice - chairperson

Treasurer

Secretary

Member

Please tell us in details why you think you are the best fit for this position:
