

PROGRAM ADVISORY COMMITTEE APPLICATION

BASIC INFORMATION:

Name _____	Spouse's Name _____
Street Address _____	City _____ Zip _____
Home Phone _____	Business Phone _____
Age (Optional) _____	E-mail Address _____
Do you currently participate in programs or use any parks, recreation or cultural arts facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list. _____ _____	

EDUCATION AND TRAINING:

Please check the highest level attained: <input type="checkbox"/> High School Graduate <input type="checkbox"/> Some College Courses <input type="checkbox"/> College Graduate
College Degree or Major _____
Other Special Training _____
Please list any civic groups or other volunteer activities you are involved in: _____ _____
Hobbies _____

GENERAL INFORMATION:

Why do you want to volunteer on the Program Advisory Committee? _____ _____ _____ _____
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Signature of Applicant

Date

Please return your completed application to:

City of Kettering
Parks, Recreation & Cultural Arts Dept. Office
3600 Shroyer Rd.
Kettering, OH 45429