



**Township of Zorra  
Zorra Recreation Advisory Committee**

**Application Form**

**Name**

**Home Address**

**Home Phone**

**Cell Phone**

**Home E-mail**

**Work (if applicable) Company & Address**

**Are you available to meet the fourth Tuesday of the month at 7:00 p.m.?    Yes     No**

**Please summarize your experience with and/or interest in recreation in Zorra Township.**

**What new ideas would you bring to the Zorra Recreation Advisory Committee?**

Please briefly outline your past experience as a volunteer, board and/or committee member.

What skills and knowledge would you bring to our Committee? Please indicate your experience in the following areas.	Very Experienced	Some Experience	Little or No Experience
Recreation programming			
Knowledge of recreation facilities			
Program planning and evaluation			
Strategic planning			
Communication, public and media relations			
Other relevant skills/knowledge:			

**THANK YOU!**