

Central Cedar Rapids Weed & Seed

Application for Membership

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (h) _____ (w) _____ (c) _____

Fax (if applicable): _____ E-mail: _____

Are you representing a group/organization? If yes, please list the name:

If you are representing a group/organization please select a designee who will have voting privileges in your absence and list their contact information below:

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (h) _____ (w) _____ (c) _____

Fax (if applicable): _____ E-mail: _____

Additional Information:

Which Weed & Seed Committee would you like to serve on (check all that apply)?

- Steering Committee
- Volunteer Income Tax Assistance (VITA) Oversight Committee
- BRIGHTEN Oversight Committee (Neighborhood Restoration)
- Sustainability Committee

Research shows having a diverse representation on governing boards is important to future success. In what areas do you have contacts or a special skill set to share with the Central Cedar Rapids Weed & Seed Steering Committee (please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Business Community | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Working w/youth | <input type="checkbox"/> Working with seniors | <input type="checkbox"/> Cultural Diversity |
| <input type="checkbox"/> Special event planning | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Tax services |
| <input type="checkbox"/> Drug/Alcohol Services | <input type="checkbox"/> Prevention programs | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Intervention programs | <input type="checkbox"/> Treatment programs | <input type="checkbox"/> School Community |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Community Service Projects |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Justice System | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Elected Officials | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Emergency Services (Police, Fire, EMT) | | |

Please explain why you are interested in becoming member of this Weed & Seed Committee Member:

How do you prefer to receive Weed and Seed notices and alerts?

- Mail Fax E-mail

Please return completed form to: Bruce VanderSanden, Weed and Seed Site Coordinator, Department of Correctional Services, 951-29th Ave SW, Cedar Rapids, IA, 52404.