

Committee Application

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Date of Birth (MM/DD/YY) ____/____/ ____

Area of Interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Entertainment Coord. | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Community Develop. | <input type="checkbox"/> Administration | <input type="checkbox"/> Sales and Acct Mgmt. |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Education | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Events Coordination | <input type="checkbox"/> HIV Awareness | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Festival Operations | <input type="checkbox"/> Political Coordination | <input type="checkbox"/> Technology |

Availability _____

Emergency Contact Information:

Name _____ Phone Number _____

Are you interested in joining the MGPA Board? Yes No

Are you interested in becoming a MGPA Committee Member? Yes No

Are you interested in just being on the Mansfield Pride Planning Committee?
If yes, Why? Yes No

Why Do You Want to join the Mansfield Gay Pride Association? _____

Please List Any Prior Volunteer Experience _____

References

Name _____ Phone Number _____

Relationship _____

Name _____ Phone Number _____

Relationship _____

Signature

_____ Date _____

Applicant Signature