



## **Harvest Full of Hope Committee Application**

Thank you for your interest in joining our committee! Use this form to provide useful information about yourself to ensure the best match between you and our organization.

Note: Please refer the Committee Guidelines form, which can be found on our website homepage.

Email completed applications to [harvestfullofhope@gmail.com](mailto:harvestfullofhope@gmail.com)

### **The following information will be shared:**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address (please write it carefully):

\_\_\_\_\_

Briefly describe why you would like to join our organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Your current organizational affiliations (name of the organization and your role):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Other skill(s) of yours that you would like us to know about and would like to use?

---

---

---

What would you like to see Harvest Full of Hope achieve this year and years beyond? What kind of experience should Harvest Full of Hope be?

---

---

---

---

If you join the Committee, you agree that you will abide by Board Member guidelines, as listed above.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not selected as a member of the Committee, or if you decide not to join, would you like to be a volunteer to assist our organization on the day of the conference?

Yes

No