



OF GREATER LORAIN COUNTY

2006-08 Fund Distribution Impact Team Volunteer Application

Thank you for your interest in United Way's Fund Distribution process. You have the opportunity to participate in a very important citizen review process. We will use this information to place you on a "team" of program reviewers. PLEASE PRINT.

Name _____ Home Phone: _____

Work Phone: _____ Ext. _____ FAX: _____

E-Mail Address _____

Mailing Address _____

Employer (if applicable): _____

Do you need special accommodations? _____ If yes, please describe: _____

What days and/or times are you **NOT** available? _____

Please indicate your choice of area to review. We will make every effort to accommodate you choice:

_____ Meeting Basic Needs

_____ Strengthening Families

_____ Nurturing Children and Youth

What area (see above), if any, would you consider your "area of expertise?" _____

Please describe: _____

The following information is requested to insure the diversity of each review team:

Gender: ___Male ___Female

Ethnicity: ___White ___Black/African American ___Hispanic ___Asian ___Native American ___Other

Age Range: ___18-29 ___30-49 ___50-64 ___65+

All information on this form will be kept confidential.

Return **by March 3, 2006** to:

Tina M. Clark
UNITED WAY OF GREATER LORAIN COUNTY
1875 N. RIDGE ROAD EAST, SUITE H, LORAIN OH 44055
OR FAX to: 440-277-7409