

**2006 Cold Spring 20/20
Steering Committee Member Application**

Name: _____ Home Phone # _____

Home Address: _____

Place of Employment & Address: _____

Job Title: _____ Business Phone # _____

Fax #: _____ E-Mail Address: _____

Have you volunteered for any other non-profit agencies or organizations?

Yes _____ No _____ : If yes, please list the organizations: _____

Are there any special talents or professional skills you would like to share with 20/20?
i.e., speaking, grant writing, fundraising, planned giving, computer skills, community
development, marketing, etc. _____

Educational background: _____

Other affiliations with individuals, corporations, and foundations: _____

Have you ever served as a volunteer for 20/20? If so, in what capacity? _____

Please include a statement as to why you think you should be a steering committee member for
Cold Spring 20/20. Please use the other side if necessary: _____

Please return by 5/8/06 to: Cold Spring 20/20
City Hall
27 Red River Avenue South
Cold Spring, MN 56320
FAX: 320-685-8551

Thank you for your interest in 20/20 and the GREAT community of Cold Spring!