

**Eagle Tornado Disaster Relief Fund
Committee Member Application**

Name (including middle initial): _____ Date of Birth _____

Address: _____ Village/Town/Other (circle one)

Home Telephone: _____ Cell _____

Occupation: _____ Business Name: _____

Business Address: _____ Business Phone: _____

*A maximum 5-person Committee will be responsible to create the criteria for applications, review all applications and distribute the monies in the Eagle Tornado Disaster Relief Fund, in an unbiased manner, to community residents that incurred damage but have not been made whole through other resources. Resources will be made available to guide committee members through the process. Applications for these positions must be filed with their respective Town or Village Clerks by August 31, 2010. Note: persons with damage to their residence buildings will not be eligible to apply for these positions. This is an unpaid, volunteer appointment. **Deadline: August 31, 2010.***

Education

Service with other volunteer organizations:

Special Skills:

Additional Comments:

I, by signing this application, consent to a background check by law enforcement officials and also consent to the use and disclosure by the Town of Eagle and the Village of Eagle, its elected officials, its employees and agents, of any and all information obtained in the investigation relative to my ability to serve on the Eagle Tornado Disaster Relief Fund.

Date: _____ Applicant Signature: _____

Printed Name: _____