

Carroll County RSVP
PO Box 1182
North Conway, NH 03860
(603) 356-9331
info.ccrsvp@gmail.com



Advisory Council Membership Application

Name: _____

Home Address: _____

Home Tel#: _____ Cell #: _____

Business Address: _____

Business Tel#: _____ E-Mail: _____

Age Range: (circle one) under 30 30-54 55-64 65+

Ethnicity: (circle one) White Black Hispanic Asian/Pacific Islander
 American Indian Other

Current/Past Employer: _____

Work Experience:

(Please circle & Describe below)

Business	Government
Clergy	Non-Profit Management
Education	Professions

Special Skills:

(Please circle)

Administration	Community Contacts	Programmatic
Advertising	Fundraising	Public Relations
Board Leadership	Legal	Services
Budget/Finance	Marketing	Social Work
Business	Planning	Volunteer Mgmt.

(Others) _____

Hobbies/Special Interests:

Civic Involvements (current/past):

Leadership Experience:

Organization Office Held Committees

What do you hope to contribute as an Advisory Council member?

What do you wish to gain as a result of your work with the Advisory Council?

Signature: _____ **Date:** _____