**COMMUNITY INVESTMENT COMMITTEE**

**VOLUNTEER COMMITMENT**

NAME: \_\_\_\_\_\_\_

JOB TITLE:

COMPANY:

COMPANY OR HOME ADDRESS: \_\_\_\_\_\_\_\_

WORK PHONE: CELL PHONE: HOME PHONE:

E-MAIL: \_\_\_\_\_\_\_\_

Please indicate the Council on which you would prefer to serve:

Education \_\_\_ Financial Stability \_\_\_ Health \_\_\_ No Preference \_\_\_

**Conflict of Interest:**

1. Do you or your immediate family have business interests in any of the potential applicant organizations?

\_\_\_\_Yes \_\_\_\_No

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you or a member of your immediate family ever been employed by any of the UW Manatee County Agencies? \_\_\_\_Yes \_\_\_\_No

List Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have you or a member of your immediate family ever been a member of the board of any of the UW of

Manatee County’s Partner Agencies? \_\_\_\_Yes \_\_\_\_No

List Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you feel that you may have any situation that might appear as a conflict of interest? \_\_\_\_Yes \_\_\_\_No

**I understand that the Community Investment Team commitment will require approximately 30 hours of volunteer service from March-May 2017. I also understand that this commitment includes attendance at the CIT Panel Assignments/Training Meeting, and the CIT Final Funds Reconciliation Meeting (optional for Panel Members, required for Chairs), and active participation on an assigned evaluation Panel and Investment Team.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_