**Community Center Implementation Task Force**

**Expression Of Interest Form**

Integrated Community Action Planning (ICAP)

Title: Name:

Home Address:

E-mail Address: Phone #:

Number of years you have lived in the community:

Occupation: Employer:

Business Address:

Prior elected or appointed offices held (if any):

Present and past community volunteer activities:

Why are you interested in serving on this task force?

Do you have any unique skills or experiences which would be beneficial to the ICAP to know in selecting someone to serve?

Are there any particular projects, programs, or goals you would like to see achieved while serving on the task force?

Signature Date

**Please return this form to:**

**VCDC, 2 East Main St., Vermillion, SD 57069; vcdc@vermillionchamber.com**