

# Lobethal and Districts Steering Committee

## Expression of interest form

### Personal Information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age group:

18 - 30     31 - 50     51 - 70     71+

### Skills/ Experience

*Please tick all that apply:*

Marketing:     Administration:     Financial:     Other:

Other please specify: \_\_\_\_\_

## Availability

Please tick all that apply:

Mon–Fri: Before 9am  Morning  Lunch  Afternoon  Evening

Sat: Before 9am  Morning  Lunch  Afternoon  Evening

Sun: Before 9am  Morning  Lunch  Afternoon  Evening

Why do you want to be on the **Lobethal and Districts steering committee**?

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