



Town of Riverview Seniors' Roundtable

Committee Participation Application

Organization Information (Applicant)

Name:	
Address:	
Phone (+ Area Code):	
Email:	
President:	

Appointed Representative Information (Applicant's Representative)

Name:	
Address:	
Phone (+ Area Code):	
Email:	

Interest In Roundtable – Representative

Please tell the committee about yourself and why you are interested in serving in this capacity. Include what you feel you could bring to this committee and/or real-life experiences.

Signature:	
Date:	

Internal / Committee Use Only

Decision:	Approve <input type="checkbox"/>	Decline <input type="checkbox"/>
Decision Date:		
Signature of Committee Chair:		

**Please note, all applications will be reviewed for consideration and a response provided. While we welcome all applications, we ask for your understanding that not all applicants will be accepted but may be considered for future vacancies.*