

Restoration Advisory Board Application Form

Name: _____

Address: _____
Street Apt# City State Zip

Phone: _____
Daytime Home Fax

1. Are you affiliated with any group related to environmental restoration activities? If yes, list the group and your position, if applicable.

2. Briefly state why you would like to participate on the RAB.

3. What experience have you had working as a member of a diverse group with common goals?

4. The community co-chairperson will be selected by community members of the RAB. Please indicate whether or not you are interested in being considered for the community co-chairperson position of the RAB.

____ Yes, I would like to be considered. ____ No, I would not like to be considered.

5. Are you willing to serve as a volunteer on the RAB?

____ Yes, I am willing to serve. ____ No, I am not willing to serve as a volunteer.

By submitting this form, you are indicating that you are aware of the time commitment, which this appointment will require you.

Privacy Act Notice

Authority: 10 U.S. Code (USC) 2705

Principle Purpose: To identify members of the local community who are interested in serving on the RAB.

Routine Uses: The requested information will be used to develop a list of interested persons from which the community members of the RAB will be selected. The information will also be used by Army to contact the individuals who are selected.

Disclosure of the requested information is voluntary. Failure to provide all the requested information may prevent selection to serve on the RAB.

Applicant Signature

Date