



MSCR CITIZEN'S ADVISORY COMMITTEE

Information Profile

Date _____

Name: _____

Mailing Address: _____

Telephone Number(s): Home _____ Work _____

Email Address: _____

Occupation: _____

1. Recreation/Leisure Interests: _____

2. Previous involvement with Madison School & Community Recreation Department as participant, parent, paid or volunteer staff, etc. (if any):

3. Are you able to commit to a minimum of 6 evening meetings per year?

Yes

No

4. Are you able to commit to attending at least one special event per year in the evening or on a weekend?

Yes

No

5. Are you able to commit to serving on one subcommittee (1-3 meetings per year)?

Yes

No

6. Please furnish a brief statement about your interest in serving on the MSCR Advisory Committee:

Please return form immediately to Lucy Chaffin, Director: MSCR, 3802 Regent Street, Madison, WI 53705.

Questions? Call 204-3015.