PHILADELPHIA EMPOWERMENT ZONE

EZ neighborhood funding stream

COMMUNITY TRUST BOARD
MEMBERSHIP APPLICATION

I would like to be a member of the ☐ **American Street** ☐ **North Central** ☐ **West Philadelphia** Community Trust Board.

I am: ☐ a resident of the Empowerment Zone ☐ employed in the Empowerment Zone ☐ an expert in: _____

Name:		SSN: (required for background check)
Date of birth: (required for background check)	Primary Phone Number:	☐ Home ☐ Work ☐ Cell
Current address:		
City:	State:	ZIP Code:
Email Address:		

EMPLOYMENT INFORMATION
Please also attach a copy of your resume if available.

Current employer:		
Employer address:		
City:	State:	ZIP Code:
Title:		
Description of your role:		

COMMUNITY INVOLVEMENT
Please list three organizations, institutions, groups, or networks you are affiliated with that could be most impactful to the work of the Community Trust Board.

WHY WOULD YOU LIKE TO SERVE AS A MEMBER OF THE COMMUNITY TRUST BOARD?

STRENGTHS AND ASSETS

Please indicate which of the following strengths, skills, assets, and expertise you can contribute to the Community Trust Board.

☐ Advocacy	☐ Faith-based Initiatives	☐ Program Development
☐ Board Recruitment	☐ Financial Management	☐ Public Health Expertise
☐ Community Development	☐ Grantmaking Experience	☐ Public Relations
☐ Community Organizing	☐ Housing Development	☐ Public Safety Expertise
☐ Creativity/Artistic Talent	☐ Human Service Experience	☐ Public Speaking
☐ Economic Development	☐ Leadership Development	☐ Research
☐ Education	☐ Legal Expertise	☐ Strategic Planning
☐ Evaluation/Assessment	☐ Marketing	☐ Technology
☐ Event Planning	☐ Outreach/Networking	☐ Youth Development

REFERENCES

Name	Phone number or Email Address

SIGNATURE

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MEMBERSHIP APPLICATION

I testify that the above information is true, and I am aware that the Philadelphia Empowerment Zone performs criminal background checks and reviews Community Trust Board applicants for compliance with City tax regulations.

Signature of applicant:	Date: