



Resident Advisory Board Interest Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Please explain why you are interested in serving on the Calhoun Housing Resident Advisory Board.

Which of the following resident groups can you best represent? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Families | <input type="checkbox"/> People living with disabilities |
| <input type="checkbox"/> Working residents | <input type="checkbox"/> Senior citizens |
| <input type="checkbox"/> Parents | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Non-native English speakers | <input type="checkbox"/> Other: _____ |

What skills, abilities or talents would you bring to the Resident Advisory Board?

Signature: _____

Date: _____