



I AM INTERESTED IN BEING PART OF THE SELF HELP INC ADVISORY COUNCIL

Please complete the form below to join our advisory council! Your input and participation are needed for continued funding and program planning!

Name: _____

Company Name (if applicable): _____

Address: _____
Street City State Zip

Email Address: _____

Phone: _____ Website (if applicable): _____

Best Times for Meetings (check all that apply): Morning Afternoon Evening

Meeting Locations you could attend (please check all that apply):
 Avon Abington (childcare provided) Wrentham Dedham

Please choose below what best describes you and the role you will represent on the Council:
 Parent/Guardian Grandparent Provider of Early Care and Ed. Library
 Local Business Community Service Agency Museum other: _____

I would be interested in running for Chair of the SHI CFCE Advisory Council..... Yes No Maybe

THANK YOU FOR YOUR SUPPORT AND ONGOING INPUT!!!

Please return form by June 30, 2016 to Leslie Dunn at:

Leslie Dunn
Self Help Inc. CFCE
780 West Main Street, Avon, MA 02322
Fax: 508-583-3808 Email: ldunn@selfhelpinc.org