**South Berwick Strawberry Festival**

**Committee Membership Application**

|  |  |
| --- | --- |
| **Name** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Street Address** |  |
| **Occupational Background** |  |

**Check your proficiency in:**

Microsoft Word Fair Good Excellent

Microsoft Excel Fair Good Excellent

Internet Media/websites Fair Good Excellent

Meeting are mandatory and are held every 2-4 weeks from in January through July

Can you commit your time to attend committee meetings? Yes Not sure

 Please List any organizations, groups, or other committees you are involved in currently or in the past:

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 Please list two character references not related to you. 

|  |  |
| --- | --- |
| **Name** | **Telephone Number** |
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By signing, you understand that:

1. The Committee Chairperson will review your application, check your references and determine any potential conflict of interests and set up an interview.
2. This application may be forwarded to the committee for consideration.
3. This application is for consideration and does not mean you will necessarily be appointed to this Committee.
4. You will be responsible for all duties assigned to you and report your status at the membership meetings.
5. I will be available and on site of the Festival, Friday before the Festival from 7:00 a.m. through set up, and Saturday the day of the Festival from 6:00 a.m. through clean up (approximately 6:00 p.m.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please return to: Sbsfinfo1@gmail.com or Mail to: South Berwick Strawberry Festival Committee, P.O. Box 371, 

South Berwick, Maine 03908