

2019 Community Need Program Fund Distribution Application

For the purpose of placing volunteers on a panel and preparing the correct number of panel books, please return the form by:

December 3, 2018

First Name Last Name

Address City, State, Zip

Home Phone # Business Phone # Fax #

E-mail Address Check this box if you are a Union Member

Union Affiliation and Local #

Do you or a member of your family serve as a member of a board of directors, volunteer, or staff member for any United Way member agency? No If yes, please check and name agency. Myself Family Member

Agency Name

Do you, or a member of your family, have a conflict with, or had a bad experience with a member agency?
 No If yes, please check and name agency. Myself Family Member

Agency Name

Are you a United Way of Monroe/Lenawee Counties campaign contributor? Yes No

PANELS: My First, Second and Third Choice
for serving on a community need program panel.

Health

Education

Income

Every effort will be made to honor your first choice. When a panel becomes too large, you may be placed on another panel lacking participation. Panel co-chairs and a field specialist are named for each panel

I have experience in: