Cedar Lake Parks and Recreation

7408 Constitution Ave – PO Box 707 – Cedar Lake, IN 46303 Tel (219) 374-7400 x7 – Fax (219) 374-8588



Cedar Lake Park Foundation Application

Name:	Driver's License #:
Street Address:	P.O. Box
Home Phone:	Work Phone:
Cell Phone:	E-mail:
When would be the best time to reach you?	
Please explain briefly why you wish to serve o be beneficial to serving the people of Cedar La	n this Foundation. What qualities do you possess that would ake?
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Please share any experience you have serving volunteer for a community or civic organization	g on a board for a non-profit or for-profit organization or as a

How can your personal/professional skills contribute to the long-term growth and expansion of the Cedar Lake Park Foundation?
FUNDRAISING
Are you willing to directly participate in fundraising activities on behalf of the Cedar Lake Park Foundation?
REFERENCES
Please provide two references.
Name
Name
Address
Address
Address
Address Phone Number

Please attach a copy of a valid driver's license to this application.

I swear and affirm under the penalties for perjury, that the information, stater herein is (are) accurate and true to the best of my knowledge and belief. I under called to testify under oath concerning the matters I have documented here.	
Signature of Applicant	Date:
The Town of Cedar Lake will conduct background checks on all applicants. Please attach any references and/or pertinent information.	