



**COMMUNITY INVESTMENT COMMITTEE  
PANEL MEMBER INFORMATION**

Panel Member Name \_\_\_\_\_

Business/Organization \_\_\_\_\_

Business Address \_\_\_\_\_

Business City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_

Home City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Fax \_\_\_\_\_

Home E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

I prefer to have information **mailed** to:      \_\_\_\_\_ Business      \_\_\_\_\_ Home

I prefer to have information **e-mailed** to:      \_\_\_\_\_ Business      \_\_\_\_\_ Home

The best time of day for doing this work would be: (i.e., lunch hour, after work, anytime)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## VOLUNTEER CONFIDENTIALITY & PHOTO RELEASE

As a participant on the United Way of Franklin County Community Investment Committee, I agree that all records, information and knowledge of individual agencies and agency clients I may acquire during the Community Investment process and deliberations will remain confidential.

I also agree to and authorize the use and reproduction of any and all photographs of me taken during this process for use by the United Way of Franklin County in any promotional, fundraising, or any other literature and/or broadcast medium without compensation to me.

Please print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

**COMMUNITY INVESTMENT VOLUNTEER  
CONFLICT OF INTEREST FORM**

Please check any organization with which you have an affiliation that could create a conflict of interest. For other organizations not listed, please complete the bottom section with the name of the organization and your affiliation with them. If you have no affiliation with any listed or other health and human service organizations, please check the last selection to indicate that you have no affiliation with agencies that could create a conflict of interest.

\_\_\_\_\_ I DO have an affiliation with the following United Way agency(s):

- \_\_\_\_\_ American Red Cross
- \_\_\_\_\_ Blue Grass Community Action - Senior Companion Program or Home Care
- \_\_\_\_\_ Boy Scouts
- \_\_\_\_\_ CASA of the Bluegrass
- \_\_\_\_\_ Coalition of Committed Christians - Soup Kitchen
- \_\_\_\_\_ Family Abuse Services, Inc.
- \_\_\_\_\_ Frankfort YMCA
- \_\_\_\_\_ Franklin County Council on Aging – Capital City Activity Center
- \_\_\_\_\_ Emergency Community Food Pantry of Franklin County
- \_\_\_\_\_ Girl Scouts – Wilderness Road Council
- \_\_\_\_\_ Kings Center
- \_\_\_\_\_ Legal Aid of the Bluegrass
- \_\_\_\_\_ Nursing Home Ombudsman
- \_\_\_\_\_ Salvation Army
- \_\_\_\_\_ SIMON House
- \_\_\_\_\_ South Frankfort Community Center
- \_\_\_\_\_ Sunshine Center
- \_\_\_\_\_ Thorn Hill Learning Center – FLIP Program

\_\_\_\_\_ I do have an affiliation with OTHER health and human service agency(s) listed below.

Agency & Position: \_\_\_\_\_

Agency & Position: \_\_\_\_\_

\_\_\_\_\_ I have NO affiliation with any of the United Way agencies listed above or any other health and human service agency(s).

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