## **Participant Committee Volunteer Form**

We need you to serve on our Committee! The Family Self Sufficiency Program is required to have a Program Coordinating Committee (PCC) partnered with Family-Self Sufficiency (FSS) Program and Resident Opportunity Self-Sufficiency (ROSS) Program participants for the purpose of exchanging information and advice, in addition to providing representation for Self-Sufficiency Program participants. PCC membership is strictly voluntary and does not have an effect on FSS, ROSS, or Section 8 Program participation.

Applicant's Name	Date:	
		Zip Code
Participant Name	Phone#	
Fax #	E-mail	
Please Respond to the Follo	owing:	
Briefly give your qualificat	tion and experience regarding S	elf –Sufficiency issues:
Why are you interested in s	serving the Committee?	
How can we benefit from y		
We have mandatory meeting	ngs ever three months. Will you	be able to maintain good attendance?
Signature:	Date	