

Personnel Form

(Copy this page and complete for each of the major participants in your project)

Name _____

Mailing Address: _____
(Street) (City) (ZIP)

Job Title and Organization: _____
(Job Title) (Organization)

Education - *(Describe field of study and institution, including degrees, if any):*

Qualifying background: *(In the space provided, please provide a concise summary of the publications, lectures, productions, volunteer service, employment, and/or any other relevant experience which qualify this individual to serve as a resource for the proposed project.)*

Specific Function: *(In the space provided, please provide a summary of the function this individual will play in the proposed project.)*

Day time Telephone: _____

I have agreed to participate in this project contingent on its funding by the Sauk County UW-Extension, Arts and Culture Committee.

Signature _____ Date _____