



BOARD OF DIRECTOR'S APPLICATION

APPLICANT INFORMATION

Name:

Current address:

City:	State:	ZIP Code:
Home Phone:	Work Phone:	Cell Phone:
Are you okay with text correspondence?	YES NO	Phone number for text:

Email:

Spouse's Name:

PROFESSIONAL EXPERIENCE

Most Recent Employment:

How Long:

City:	State:	ZIP Code:
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Position:

INTERESTS & HOBBIES

VOLUNTEER/BOARD ACTIVITIES

YOUR AVAILABILITY TO SERVE

Could you regularly attend monthly board meetings? (meetings are typically the third Wednesday of each month throughout the county) <small>CIRCLE ONE</small>	YES	NO
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WHAT SKILLS COULD YOU CONTRIBUTE TO OUR BOARD (circle all that apply)

Accounting	Public Relations
Investment	Marketing
Human Services	Fundraising
Management	Education

REFERENCES – PLEASE ATTACH YOUR RESUME

Name:	Phone Number:
Name:	Phone Number:

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
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