



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:

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) **CIRCLE ONE**

YES

NO

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: