



APPLICATION
for
BOARD OF DIRECTORS or SUPERVISORY COMMITTEE MEMBER

Name: Home phone:

Your occupation: Business phone:

Address:

Which area(s) interest you:

Board of Director Supervisory Committee

Your Background:

What education or skills could you contribute to our Board or Supervisory Committee? (please check all that apply)

- accounting management public relations
investment marketing knowledge of services
fund raising education public speaking
community relations planning team player
motivated lobbying affiliations
other (please explain)

What other boards or committees have you served?

Charitable or community activities in which you have been involved?

Your Availability To Serve:

Could you regularly attend board meetings? yes no conflicts

How many hours per month, in addition to board meetings, could you serve this organization?

Would you attend a training session for new board members? yes no

Your Views On Our Organization? (use reverse for additional comments)

What is your interest in this organization?

Please write a brief statement of your understanding of the mission of this organization:

REFERENCES: (list names, addresses and phone numbers)

Signature Date:

Please describe below your background/training and any personal or professional information that you would like included on the ballot: