

APPLICATION

For

BOARD OF DIRECTORS or SUPERVISORY COMMITTEE MEMBER

Name:	Home Phone:			
Occupation:	Business Phone:			
Address:	Email:			
Which area(s) interest you:				
Board of	f Director	Supervisory Committee		
Your Background:				
Accounting Investments Fund Raising Community Relations Motivated	Management Marketing Education Planning Lobbying	Supervisory Committee? (Please check all that apply) Public Relations Public Speaking Team Player Knowledge of Services Other Affiliations		
		th?		
Your Availability to Serve:				
Could you attend Board meetings regula	arly? YES NO Con	nflicts		
How many hours per month, in addition	to the board meetings, could	l you serve this Organization?		
Would you attend a training session for	new board members? YE	S NO		
Your Views on our Organization?	(Please use a separate page i	f needed)		
What is your interest in this organization	n?			
Please write a brief statement of your in	terpretation of the organization	on's mission:		



References:

Name:		Name:	
Address:		Address:	
Phone:	<u> </u>	Phone:	<u>.</u>

Additional Information:

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

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Signature:	 _ Date: