

## KATIE DECUBELLIS MEMORIAL FOUNDATION P.O. BOX 3188 NARRAGANSETT, RI 02882-0796 www.kdmf.org

...her life still shines

## KDMF BOARD MEMBER APPLICATION

(Please Print or Type)

I. General		
Name:	Date of Birth:	
Home Address:		
Phone (Home):	Phone (Cell):	
E-Mail Address:		
Marital Status: Spouse's Name:		
Children (Names/Ages):		
II. Business/Profession		
Occupation/Title*:		
Employer:		
Address:		
Employment History (Previous Employers/Jobs):		
III. Education		
High School/Graduation Date:		
College Degree (Major) or # Years Completed:		
Post Graduate (If Applicable):		

\*IF RETIRED SO INDICATE AND COMPLETE THE BALANCE OF THE FORM AS IT RELATES TO YOUR EMPLOYMENT PRIOR TO RETIRING.

IV. Other Organizations & Affiliations

Indicate Current and Prior and Positions Held:

## V. PLEASE RESPOND TO THE FOLLOWING QUESTIONS (feel free to use a separate sheet of paper).

Are you friends with or related to any current members of the KDMF Board?

Why are you interested in joining the KDMF Board?

In what way do you feel you can best contribute to the mission of the Foundation?

If you are elected to the KDMF Board, in which committees, sub-committees or areas of interest would you like to participate?

Education	Jr. Board	Public Awareness	Social Media
Finance	Newsletter	Race	Writing Contest
Fundraising	Nominating	Scholarships	-

Applicant's Signature:	
Annlicont's Signatura	Date:
ADDITCAILL'S SIGNALUIC.	Dalt.

Please return completed application to: KDMF, P.O. Box 3188, Narragansett, RI 02882 Attn: Nominating Committee or by email to: joel@jchaselaw.com