



APPLICATION FOR 2 YEAR MEMBERSHIP ON THE BOARD OF DIRECTORS

Name: _____ Date: _____

Home Address: _____
Street City State Zip

Business Affiliation: _____

Non-profit Affiliation _____

Political Affiliation _____

Highest Level of Education Completed: _____

Business Phone: _____ Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Availability Date: _____ (Terms are 2 years starting each January unless filling vacancy)

AREAS OF EXPERTISE/INTEREST

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Administration | <input type="checkbox"/> Personal | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Events | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Legal | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Property Maint. |

Substance Abuse 12-Step Background: Recovered (D.O.S. __-__-____) Family/Friend None

Past or current Community or Service Affiliations:

Civic Organizations: _____

Volunteer Activities: _____

Give a brief description of why you are interested in joining our Board: _____

How much time are you willing to commit to a voluntary, non-paid position?

What Special Skills could you bring to a board or commission?

Do you hold any professional licenses? Please specify:

Have you ever been convicted of a felony in the past 10 years?

If "YES" please specify:

References: (please include contact information including phone number)

1. _____

2. _____

3. _____

Applicant Signature

Date