

Application for the Board of Directors

Name: _____

Address: _____ City/ST/Zip: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Email: _____

Would you like to receive mailings and/or Board Packets through email? _____

Spouse/Living Partner Name: _____

Company Name: _____

Address: _____ City/ST/Zip: _____

Position/Title: _____ Retired: _____

Type of Business: _____

Relevant professional and person skills: _____

Demographic Information

Age Group: _____ Under 60 _____ Over 60

Gender: _____ Male _____ Female

Ethnicity: _____ Non-minority _____ Black _____ Hispanic

_____ Native American/Alaskan Native _____ Asian/Pacific Islander

Related Program Experience

Application for the Board of Directors

Expertise/Knowledge Areas

_____	Legal	_____	Medical	_____	Government
_____	Planning	_____	Marketing	_____	Public Safety
_____	Fund Raising	_____	Public Relations	_____	Health Issues
_____	Financial Management	_____	Personnel Management	_____	Community Services
_____	Housing	_____	Nutrition/Food Services		
_____	Social Services	_____	Administrative/Business Management		
_____	Labor Organizations	_____	Ethnic/Minority Groups		
_____	Media	_____	Education		
_____	Other:	_____			

Other Non-Profit Board Experience

Other Affiliations (individuals, corporations, foundations)

Whom are you representing _____

Disclaimer: As a member of the Board of Directors of the Advisory Council, the information above is available to the Executive Director, Board of Directors, Advisory Council and , under Freedom of Information, the general public.

Signature

Date