



BOARD OF DIRECTORS APPLICATION

DATE:

NAME:		
HOME ADDRESS:		
CITY	STATE	ZIP CODE
PHONE:	FAX:	
PERSONAL EMAIL:		
GENDER:	DATE OF BIRTH:	
BUSINESS / ORGANIZATION:		
TITLE:		
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	BUSINESS FAX:	
BUSINESS EMAIL:		
WORK EXPERIENCE:		
PLEASE CONTACT ME AT: ___ HOME ___ WORK		

BOARD OF DIRECTORS APPLICATION

EDUCATION
INSTITUTION
MAJOR / DEGREE
INSTITUTION
MAJOR / DEGREE
ACTIVITIES
HONORS / AWARDS
WHY ARE YOU INTERESTING IN SERVING ON BOARD OF DIRECTORS FOR HOPE’S CROSSING?
WHAT SKILLS / EXPERIENCE CAN YOU CONTRIBUTE TO THE BOARD OF DIRECTORS?
WHAT ARE YOUR PARTICULAR AREAS OF INTEREST IN REGARDS TO SERVING ON THE BOARD OF DIRECTORS FOR HOPE’S CROSSING?
WHAT OTHER PROFESSIONOR SOCIAL ORGANIZATION(S) ARE YOU A DIRECTOR / MEMBER OF?
The information I have provided is true and accurate to the best of my knowledge. Fraudulent or misleading statements are grounds for immediate removal from Board of Directors.
PRINT NAME:
SIGNATURE: