

**BOARD OF DIRECTORS APPLICATION**

DATE:
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HOPE'S CROSSING, INC

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:		
PLEASE CONTACT ME AT:	_____ HOME	_____ WORK

<b>EDUCATION</b>
INSTITUTION
MAJOR / DEGREE

**BOARD OF DIRECTORS APPLICATION**

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 interest areas in regards to serving on the Board of Directors for Hope’s Crossing?

What other professional or social organization(s) are you a director/member of?

The information I have provided is true and accurate to the best of my knowledge:

PRINT NAME:

SIGNATURE: