

BOARD MEMBER APPLICATION

Name:					
Address: Home:_					_
Work:_					
Employer's Name:					_
Occupation:					
Spouse/Partner's Nan	ne:				
Telephone: Home:_			Work:		
Mobile:	E-r	nail:			_
I prefer to be contacte	ed by: h	ome	work	mobile	e-mail
Identify the education	or skills the	e you c	an contri	bute:	
Accounting/financial Public Relations				Investmen Fundraisin	-
Marketing				Community Education	y Relations
Special Events Lobbying				Training	
Program Developmen	t			Public Spea	aking
Strategic Planning	· ~			Other	
Management					

$Membership\ and/or\ Leadership\ in\ Local\ Clubs,\ Service\ Organizations,\ Professional\ Groups:$			
Current Involvement:			
Previous Involvement:			
Why do you want to become a member of FCCAC's Board of Directors?			
What specific skills or knowledge do you feel you would contribute to FCCAC's Board of Directors?			
What specific types of activities would you prefer to participate in the most?			
What specific types of activities would you prefer to participate in the least?			

Board / Agency activities?	on the average, would you expect to devote to
commitment to donate my time and abilities with becoming a Board Member. I also agreers personal financial contribution each year.	etors, I understand that I am making a serious es in order to fulfill responsibilities associated ee to assist with fundraising activity and make a I also understand that all members of the Board ve criminal background check, and sex offender
Signature	Date