



Board Member Candidate Application

Name, phone, email address of organizational representative:

Please return this application to the above address by (date): _____

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel **SFKDVS** would benefit from your involvement on the Board?

Skills or areas of and interests (Please circle all that apply)

- | | | |
|----------------------------------|--------------------|-------------|
| Finance, accounting | Grant writing | Fundraising |
| Nonprofit experience | Outreach, advocacy | |
| Public relations, communications | Other _____ | |
| Education, instruction | Other _____ | |
| Special events | Other _____ | |

Thank you very much for applying
Please return application to
steven@supportingkdvs.com
817-905-1397