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## Application Form for C.H.E.E.E.R.S. Prospective Board Members

Name:	Telephone #:
Address (Home):	
Occupation/Position/Title:	Address (Business):
Business Telephone #:	FAX #: E-Mail Address:
Racial/Ethnic Background (Optional):	At which address would you prefer to receive mailings <input type="checkbox"/> Home <input type="checkbox"/> Business
Educational Degree/ Background:	
Skills/expertise/areas of interest which might be helpful to the Board: Please check where applicable. <input type="checkbox"/> Financial <input type="checkbox"/> Evaluation <input type="checkbox"/> Legal <input type="checkbox"/> Legislative/Political <input type="checkbox"/> Community Relations Skills <input type="checkbox"/> Training/Education <input type="checkbox"/> Planning <input type="checkbox"/> Other <input type="checkbox"/> Fundraising _____ <input type="checkbox"/> Operations _____	
Membership on other Boards (Past and Present):	
Charitable activities or other agencies in which you are ACTIVELY engaged:	
Please list any affiliations which might relate to your role as a Board Member:	
Please state, briefly, why you would like to participate on the Board and how your skills/affiliations might contribute to the Board. Use extra paper if need.	
Signature	Date

Please return using the above fax number.