Board of Directors Application



Applicant Information						
Full name:				Date	e:	
Address:	Last	First		M.I.		
	Street Address				Apartment/Unit #	
Phone:	City		Email:	State	ZIP Code	
Race/Ethnic	ity:	Preferred method of co				
		Refe	rences			
Please li	st two profession	al references:				
Full name:				Relationship:		
Company:				Phone:		
Full name:				Relationship		
Company:						
		Curre	nt Employment			
Company:				Phone:		
City/State:				Job Title:		
		Volun	teer History			
Have you se	erved on a board before	e:	If yes, where:			
Position hel	d:	_	From:	To	:	
May we contact the agency for a reference? YES NO Reason for leaving:						
Responsibil	ities:					

	Skills
Please list any skills that you bring to the agency:	
Why do you want to serve on our board:	
How much time are you willing to commit monthly:	
Are you willing to donate monetarily:	
What area would you like to focus your efforts:	
Branch:	From: To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	
Discla	imer and Signature
I certify that my answers are true and complete to th	ne best of my knowledge.
If this application leads to a position on the Board of understand that false or misleading information in m consideration for aforementioned positions.	f Directors for The H.O.M.E. Center of Asheville, I by application or interview may result in my refusal of
Signature:	Date:

 $*Please\ complete\ the\ application\ and\ send\ to\ just in bblack burn @the home center of avl. or g$