



BOARD OF DIRECTORS APPLICATION

Name in Full

Email Address

Mailing Address Line 1

Mailing Address Line 2

City

State

Zip Code

Home Phone

Cell Phone

Current Employer

Position

Brief Biography

What other organization are you currently involved with and in what capacity?



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I'm willing to contribute expertise in the following areas:

Administrative

Education/Training

Financial

Fundraising

Legal

Marketing

Public Relations

Strategic Planning

Other

I'm willing to financially support About Care in the amount of \$600 to \$1200 annually through any and all of the following avenues:

Participation in About Care Fundraisers

End of Year Non-profit tax credit

Cash donations

I hereby apply for a seat on the About Care Board of Directors. I understand that by typing my name, I am electronically signing this application.

Signature of Applicant

Date