

Aid For Friends Board of Directors Application

Name: _____

Address: (H) _____

Street City Zip Code

(W) _____

Street or Mailing Address City Zip Code

Phone: (H) _____ (W) _____ Cell: _____

Fax: _____ E-mail: _____

Present Occupation: _____

Education: High School College/University Other/Special Certifications: _____

How were you referred to Aid For Friends for becoming a Board Member? _____

Please check all areas where your skills, expertise and interests may be useful to our Agency.

- | | |
|--|---|
| <input type="checkbox"/> Business or Financial Management | <input type="checkbox"/> Marketing and Community Relations |
| <input type="checkbox"/> Fundraising Development | <input type="checkbox"/> Human Resource Management |
| <input type="checkbox"/> Program or Facilities Development | <input type="checkbox"/> Legal Guidance |
| <input type="checkbox"/> Agency Development and Planning | <input type="checkbox"/> Other Skills: Please Describe: _____ |
- _____

Do you have experience on other Boards? Yes: No: If yes, please list: _____

Are you able to commit between 2 to 5 hours a month for Board activities? Yes: No:

Please state briefly why you would like to serve on the Board and how you may contribute to the agency:

Please read and sign:

If selected to serve on the Aid For Friends Board of Directors, I agree to attend monthly board meetings, review background materials, attend board training, participate in agency activities and fundraising events, and work cooperatively within the Board.

Signature: _____ Date: _____

Thank you for submitting your application and for your interest in Aid For Friends. Applications may be delivered to Aid For Friends Administration Office at 214 E. Center, Suite 50, mailed to P.O. Box 4233, Pocatello, ID, 83205, or e-mailed to michelep@affpocatello.com.