



Board of Directors Membership Application

Date: ____/____/____

Name: _____
 First MI Last

Contact Details [Residence]

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Employer [If applicable]

Name of Employer: _____

Job title: _____

Type of business or organization: _____

Please list other volunteer/service related experience you bring (business, civic, community, fraternal, political, professional, recreational, religious, social).

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

Optional – List any awards or honors you have received.

How do you feel (VOICe) would benefit from your involvement on the Board? [or attach letter of interest]

Skills, experience and interests (Please circle all that apply)

Non-Profit	Social Services	Leadership
Corporate	Administration	Management
Education	BOD experience *	Entrepreneurship
Health	Facilities Mgt.	Financial Mgt.
Media	Accounting	Banking / Trusts
Political	Investments	Fundraising
Philanthropy	Government	Law
Small Business	Marketing	Public Affairs
Military	Human Resources	Real Estate
Social Justice	Special Programs	Technology

Please detail prior BOD experience: _____

Please list any potential conflicts of interest relative to VOICe (see conflict of interest questionnaire):

Please share anything else that is relevant to your application for a BOD position:

Tell us why you are interested in serving as a BOD member for VOICe?

Thank you for applying!

Please email completed application and a copy of your current resume to:
Julie Hayden, Vice President VOICe Board of Directors
haydenz4@yahoo.com

