

## **Board Membership Application**

Purpose: This Information will be kept confidential and shared on a need to know basis. Board membership characteristics are used to show compliance with state and federal board composition requirements, which are designed to include members who are reflective of the communities served, who have a knowledge base of local needs and resources, and can promote program effectiveness.

Name								
Home Addre	SS							
County of Residence					Date of Birth (MM/DD/YR)			
Phone	Home			Work			Cell	
Race/Ethnic				Gender			Disability	
Social Security #		(needed for issuance of Travel Reimbursements)						
Email Address								
Employer								
Occupation/Position								
Name of Pub Organization								
Other Boards you serve on or have served on in the past five (5) years and positions held:							tions held:	
Board				F		Position Ye		rs of Service
Volunteer Activities								
Do you have a background or expertise in:  If yes, please describe background and/or expertise?								
Fiscal Management or Accounting								
Early Childhood Education and Dev.								
Education (other than Early Childhood)								
Business Ad	on							
Community Affairs								
Elder Services								

Health Services					
Housing					
Fundraising					
Other					
Are you a licensed attorney?   Yes  Please describe areas of law in which you issues that come before the Board:	No practice or with which you are familiar, including				
Please describe why are you interested in	serving on the YVEDDI Board?				
Do you have any family members or any entities with which you are associated who are employed with YVEDDI? If yes, please describe below:					
Print Name					
Signature					
Date					