



Board of Directors Questionnaire/Application

Purpose: This information will be used to identify current board member characteristics, composition needs where there are vacancies, and to assist with member selection going forward.

Name							
Home Address							
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 Public Official or Organization You Represent							
YVEDDI Committee Appointments							
YVEDDI Board Term Dates							
Other Boards you serve on or have served on in the past five (5) years and positions held:							
Board			Position			Years 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 Development							
Education (other than Early Childhood)							
Business Administration							
Community Affairs							

Elder Services	
Health Services	
Housing	
Fundraising	
Other	
Are you a licensed attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe areas of law in which you practice or with which you are familiar, including issues that come before the Board:	
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