

*Community Action
of Greene County, Inc.*

BOARD MEMBER APPLICATION

NAME _____ DATE _____

HOME ADDRESS _____

HOME PHONE _____ MOBILE: _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

BUSINESS FAX _____

E-MAIL ADDRESS _____

Preferred Communication:

Mail to home Mail to Business E-Mail Fax

OCCUPATION (You may list more than one occupation, please list primary occupation first)

AFFILIATIONS (Please list Civic, Fraternal, Professional, and Voluntary agency activities.
List any offices held and provide dates.)

Community Action of Greene County, Inc.

Other Biographical Information (Please list other pertinent information about yourself: honorary degrees, awards, history with Community Action, etc.)

Briefly describe why you are interested in being a member of the Board of Directors of Community Action of Greene County, Inc.. Please indicate what skills, experience, or training you would bring to this organization to assist in our mission and philosophy.

FOR OFFICE USE ONLY:

Date Received: _____

Chairperson Review/Approval: _____
Signature

Board Approval Date: _____