

State, Zip Code:

BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

___Public ___Private ___Low-Income (Please check one)

APPLICATION FOR MEMBERSHIP: Feel free to submit additional information and attachments.

Date:

Name:
Street Address:
City:

Home Phone:	Personal Email:	
Work Phone:	Work Email:	
Mobile:	Work Facsimile:	

STATEMENT OF INTEREST AND QUALIFICATIONS

1. Why are you interested in becoming a CHD Board Member? How did you learn about CHD?

2. Please describe your professional or occupational background. What skills would you contribute to CHD's mission?
3. Please describe your volunteer activities in support of non-profit agencies.
4. Are you related to a current CHD Board Member or CHD Staff Member?
Yes No No
If yes, please explain:
Please Return Your Application to:
Emila Aguilar, Board Chair c/o Reiko Mendenhall, Board Coordinator 3315
Airway Drive
Santa Rosa, California 95403 707-523-1155 ext 4765
reiko.mendenhall@cahumandevelopment.org

Application for Membership 5/1/2020