

Board of Director Questionnaire/ Application

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

Name									
Home Address									
Phone:	Home			Work				Cell	
Date of Birth	I		Ra	ce/Ethn	ic		Disabili	ty	
Email Address									
Employer									
Occupation/F	osition								
Name of Public Official or Organization you Rep					:				
Other Boards You Have 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.								ertise.	
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? 🗖 Yes 🗖 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, employed with YVEDDI?
If yes, please describe below:

Print Name

Signature

Date

