

APPLICATION FOR BOARD OF DIRECTORS

Name:			
Home Address	:		
Work Address:			
Work Phone: Home Phone		<u> </u>	
E-Mail:			
Where do you	prefer to have your mail sent?	Home	Work
Representing	Parent Consumer of Child Care Early Childhood Professional Interested Community Member Business Community Member Other:	_	
1. Please tell u	us why you are interested in serving on th	ne Board?	
-			
	e with us an area of special interest in the ou are concerned with?	e overall well-being of c	hildren and their
	e any personal or professional experience ard of Directors?	es you feel will add supp	oort to

4.	What other boards or advisory committees have you served on?				
	Please check the following ard.	ng areas in which you may h	ave an interest as a member of the		
	□Administration	□Public Relations	□Fundraising		
	☐Fiscal Management		□Marketing		
	☐Strategic Planning	□Program Development	_		
6.	, , ,	al conflicts of interest with t Yes, Please indicate.	he agency?		
7.	Please share any other vo	olunteer experiences that yo	ou feel would be helpful to us.		
_	·	r want further information r 181 or visit our website at <u>w</u>	egarding the agency, please contact ww.milestonesmn.org.		
Аp	pplication can be returned	to: MILESTONES, 314- Waite Park, MN 56	10 th Avenue S. # 180 5387		