

BOARD OF DIRECTORS APPLICATION

The Durham Companions, Inc. Board believes that all citizens should have the opportunity to participate in the decisions of the organization. The Board wants to appoint qualified, knowledgeable, and dedicated people to serve on the Board. If you have an interest in being considered for appointment to any vacancy, please thoroughly complete the form below before any advertised deadline and choose from the following options:

- Mail to: Durham Companions, Inc.
P.O. Box 1953
Durham, NC 27702
- Fax to: (919) 687-4861

(Please type or print) Date: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: (work) _____ (home) _____ Fax _____

Occupation _____

Business Name _____

Business Address _____ City _____ Zip _____

Job Description _____

_____ Length of Employment _____

Previous Business Name _____

_____ Length of Employment _____

Marital Status _____ Number of Children _____

EDUCATION

High School _____ Year Graduated _____

City _____ State _____

College _____ Year Graduated _____

City _____ State _____

Degree _____

If no degree, how many years completed? _____

Graduate School _____ Year Graduated _____

City _____ State _____

Membership (Civic Clubs, Professional Organizations, etc.)

Hobbies, Special interests _____

How did you learn about Durham Companions? _____

Why do you want to be a member of the Board of Directors of Durham Companions? _____

Please list any experiences you have in working with a Board of Directors or any experience working with young people. _____

Please list any other volunteer experience. _____

Do you have any experience with fund raising? Yes _____ No _____
If yes, describe. _____

Would you be willing to actively help with fund raising?
Yes _____ No _____ Maybe _____ Comment _____

Do you wish to make any other comments or have other information that would be helpful in processing your application? _____

REFERENCES

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

SIGNATURE

DATE