



## Board Member Application

<b>Full Name:</b>		
<b>Name</b> (as you wish to be addressed if different from above and include pronouns):		
<b>DOB:</b>		
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		
<b>Best way to contact you</b> (check all that apply): <input type="checkbox"/> email <input type="checkbox"/> phone ( <input type="checkbox"/> home or <input type="checkbox"/> cell) <input type="checkbox"/> text		
<b>Marital Status:</b>		

<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Job title:</b>		
<b>Company Name:</b>		
<b>How long have you been employed here?</b>		
<b>Work Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Office Phone:</b>		
<b>Email:</b>		

<b>College(s) or Universities Attended:</b>	<b>Degrees received:</b>
<b>Hobbies/Interests:</b>	

<b>In what areas listed below do you have a strong interest or expertise? Check all that apply:</b>	
<input type="radio"/> Advocacy	<input type="radio"/> Data/Outcomes
<input type="radio"/> Marketing/Communications	<input type="radio"/> Nonprofit organization/Grant writing
<input type="radio"/> Healthcare Policy	<input type="radio"/> Governmental Activities
<input type="radio"/> Legal	<input type="radio"/> Finance/Investments/Business Development
<input type="radio"/> Other: _____	



**Affiliations with civic organizations, other health agencies, any Public or Elected Offices held:**

<b>Name of Organization</b>	<b>Length of service</b>	<b>Office(s) held</b>

**Knowledge, Skills and Abilities:**

<b>Areas of strength/experience/knowledge that you bring to Rapid Resource for Families as it relates to our mission?</b>
<b>What do you know about us and what interests you about for volunteering with Rapid Resource for Families?</b>
<b>How much time will you be able to contribute?</b>
<b>Are you able to participate in meetings in person, video conference or by phone and have the capability to do so?    <input type="checkbox"/>Yes    <input type="checkbox"/>No    Note:</b>
<b>Any special dietary or accessibility issues?</b>
<b>Other comments:</b>

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit completed application and resume to:**

**Email:** [contact@ncrapidsource.org](mailto:contact@ncrapidsource.org)

**Subject:** RRRF Board Application

**Or mail to:** Rapid Resource for Families

**PO BOX 5653 Mooresville NC, 28117**

