



Community. Hope. Renewal.

P.O. Box 1003  
Okoboji, IA 51355

## BOARD OF DIRECTORS APPLICATION FORM

Candidate Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Method of Contact:  Cell Phone  Home Phone

Email: \_\_\_\_\_

Current Employer and Position: \_\_\_\_\_

Please describe your relevant work experience and/or employment.

Please describe the area(s) of expertise/contribution you feel you can make to further the mission of Cherish Center.

Please list prior experience serving as a Board Member for other non-profit organizations.

What other volunteer commitments do you currently have?

The Cherish Center Board of Directors meet on the 2<sup>nd</sup> Tuesday of the month at 4:30 p.m. (subject to change). Do you have any standing commitments that would be in conflict with this time?

No  Yes

If yes, please indicate that the time conflict is:

Why are you interested in serving on Cherish Center's Board and how did you become aware of this ministry?

Please share any other information you feel important for consideration of your application to serve as a Cherish Center Board Member.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



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FOR BOARD USE:

Nominee Proposed to the Board	Date	Accepted	Denied