

## MEALS ON WHEELS OF PALO PINTO COUNTY BOARD MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name:		Marital Status:
Date of birth:	Phone:	Alternate Phone:
Current address:		
City:	State:	ZIP Code:
County of Residence:	Email:	

### WORK EXPERIENCE

Current employer:	Phone:
Previous employers:	

### VOLUNTEER EXPERIENCE

List experience:	
If called upon, would you be able to volunteer to deliver meals:	
On weekdays?	On weekends?

### FUNDRAISING EXPERIENCE

Have you had any experience in fundraising for non-profit organizations?	
If as participant, what type?	If organizer, what type?
How many hours per week could you volunteer to participate in fundraisers?	

### REFERENCES

Name:	Address:	Phone:
1.		
2.		

### GOALS

Why do you want to be on the Meals on Wheels of Palo Pinto County Board of Directors?
Are you familiar with MOW operations and services?
List your long range goals for MOW:

### CONFLICT OF INTEREST

List any possible conflicts of interest if you are chosen to serve on the board:

### SIGNATURES

Signature of applicant:	Date:
Printed Name:	
<i>Board Endorsers (if recommending):</i>	