



PROSPECTIVE BOARD OF TRUSTEE APPLICATION

First: _____ Middle: _____ Last: _____

Home Address: Preferred

City _____ State _____ Zip _____

Work Address: Preferred

City _____ State _____ Zip _____

Phone: *check preferred number(s)*

Home _____ Work _____ Cell _____

E-mail: _____

Occupation: _____

Organization: _____ Position: _____

Required for background check and to conduct compliance screening with the Office of Inspector General against the Federal Exclusions List.

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver's License: _____ State: _____

Areas of expertise (please check ALL that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Business Owner |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Accounting | <input type="checkbox"/> Foodservice |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Government |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Marketing | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Non-Profit management | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Philanthropic community | |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Volunteer Management | |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Technology | |

Other areas of expertise/skills:

Community connections (please check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Media | <input type="checkbox"/> Business Leaders |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Political |
| <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> Civic Organizations |
| <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Community Colleges |

Membership in associations, service, or social clubs (include offices held and committees):

Other Board experience:

Other volunteer experience:

Do you have experience fundraising for a non-profit organization and if so, please describe?

As a MOWNCT board member, it is an expectation to financially give to the organization. Is this a commitment you are willing to make?

Please describe your current knowledge of the MOWNCT organization.

Current interest/involvement in MOWNCT:

Reason(s) you would be an asset to MOWNCT Board of Trustees:

As a MOWNCT board member, we hope you would serve on a committee.
Which committee interests you most?

- Executive Committee
- Annual Golf Tournament Planning Committee
- Donor Relations Committee
- Board Nomination Committee
- Planning Committee

Signature

Date

Complete and email to christine@mownct.org or mail to:

Meals on Wheels North Central Texas
Attn: Christine Hockin-Boyd
106 E Kilpatrick St
Cleburne TX 76031-1805