Eastern Oregon Alcoholism Foundation



Board Member Application Form

| Contact Information | | | | | |
|---|------------|--------------------------|------------------|--|--|
| Name | | | | | |
| Street Address | | | | | |
| City ST ZIP Code | | | | | |
| Home, Cell & Work Numbers | Home | Work | Cell | | |
| Length of Time in NE OR | | | | | |
| E-Mail Address | | | | | |
| Current / Last Employer I | nformation | | | | |
| Name | | | | | |
| Street Address | | | | | |
| City ST ZIP Code | | | | | |
| Work Number | | | | | |
| Length of Time w/Employer | | | | | |
| Interests | | | | | |
| Aside from being on the gover volunteering as a Board Meml | | s in which areas you may | be interested in | | |
| Administration | Н | luman Resources | | | |
| Finance | E | Events / Fundraising | | | |
| Field Work | | Marketing / Research | | | |
| | C | Other: | | | |
| | | | | | |
| Special Skills or Qualifications | | | | | |
| Summarize special skills and or through other activities, incl Member. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Previous Volunteer Expe | rience | | |
|---|--------------------------|------------------------------|-----------------------|
| Summarize your previous volubeen involved with. | unteer experience and o | other organizations / agenci | es which you may have |
| | | | |
| | | | |
| | | | |
| Interest in Eastern Orego | n Alcoholism Found | dation | |
| Please summarize why you a | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Immediate Relatives | | | |
| Please list any relatives, their currently sit on the Board. | names and relationship | to you that are currently er | nployed at EOAF or |
| | | | |
| | | | |
| Donosa to Notify in Cook | of Emanuary | | |
| Person to Notify in Case | of Emergency | | |
| Name | | | |
| Street Address | | | |
| City ST ZIP Code | | | |
| Home, Work and Cell Numbers | Home | Work | Cell |
| 1 | | ' | |
| Agreement and Signature | 9 | | |
| By submitting this application, if I am accepted as a Board M by me on this application may | lember, any false stater | ments, omissions, or other r | |
| Name (printed) | | | |
| Signature | | | |
| Date | | | |
| | | | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in being a Board Member for EOAF!