

C.U.R.E. Board Application



Personal and Contact Information

Name:

Address:

Apt.:

City:

State:

Zip code:

Phone: Home:

Cell:

Email Address:

Birthday:

Spouse or Significant Other:

Employment Information

Company:

Company Address:

Unit #

City:

State:

Zip code:

Office Phone:

Email Address:

Job Title:

Demographic Information

Gender:

- Female:
- Male:

Age Range:

- 18-24
- 25-30
- 31-40
- 41-50
- 51-60
- 61+

Educational Background/Certifications

Current and past board affiliations

(You may use the reverse side of this form if extra space is required)

Please list all boards you have served on, past and present, and list the terms for each. Include offices you have held and/or committees you have served on.

Which of the following have you had experience with? *(Check or highlight all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Nonprofit Management | <input type="checkbox"/> Volunteer Training |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> HIV/AIDS Education |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Donor Solicitations |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Other |

What is your primary motivation for working with the HIV/AIDS - affected community?

(You may use the reverse side for additional space)

What is your interest in C.U.R.E.

(You may use the reverse side for additional space)

I certify that the information included in this application is true and correct to the best of my knowledge. I also certify that I have read the entire application package, understand the expectations and responsibilities of the board, and promise to fulfill these to the best of my ability if I am elected to the C.U.R.E. board.

Signature _____ Date: _____

Print Name: _____

References

1. Name: _____
Address: _____
City/State/Zipcode: _____
Phone: _____ Relationship: _____
Email address: _____
2. Name: _____
Address: _____
City/State/Zipcode: _____
Phone: _____ Relationship: _____
Email address: _____
3. Name: _____
Address: _____
City/State/Zipcode: _____
Phone: _____ Relationship: _____
Email address: _____