

BOARD MEMBER APPLICATION FORM

TO THE BOARD OF DIRECTORS OF SPECIAL OLYMPICS IDAHO:

I hereby apply for membership on the Board of Directors.

Type or print name in full: _____

Marital Status:_____ (optional) Spouse's name:_____

Residence address:_____
(Street) City/State/Zip

Cell:_____ Home Phone:_____ FAX:_____

E-Mail:_____ Work Phone:_____ FAX:_____

Please indicate your preference for receiving contact at: _____ Home _____ Office

Business Name:_____

(Street) City/State/Zip

Type of Business:_____ Title:_____

Please indicate your preferred T-shirt size: ____S, ____M, ____L, ____XL, ____XXL, ____ other

Have you ever volunteered for Special Olympics? If so, when:_____ where:_____

Memberships in other non-profit organizations: (Please list organization(s) Name and Address)

Brief Autobiography: (also, please attach resume):

Why would you like to join the Board of Directors of Special Olympics Idaho? _____

Signature of applicant:_____ Date:_____