



Envision Williamston
Board of Directors
Application



Name: _____

Address: _____

Home Telephone: _____ Cell: _____

Email: _____

Employment Information

Company Name: _____

Company Address: _____

Supervisors Name and Number: _____

Type of Business or Organization: _____

Primary Service (s) and Area/Population Served: _____

Preferred Method of Contact: () Home () Work () Cell () Email

Briefly Describe Why You Would Like To Join Envision Williamston Board of Directors:

List Your Current/ Previous Organization(s)/Affiliation, include organization name, your roles and dates of service: _____

References: Please list the name, phone number and email address of four (4) people, (1 relative- 3 unrelated), who have known you for at least the past three (3) years.

1. _____
2. _____
3. _____
4. _____

Availability:(Mornings/evenings, weekdays, weekends):_____

Special Skills or Qualifications: _____

Additional Comments:(If there is anything else that you think we should know about you, feel free to tell us here):_____

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.

We appreciate your interest in serving on the

Envision Williamston Board of Directors.

If selected as a director, you are required to participate in at least six (6) of our sponsored events per year and you cannot miss more than three (3) consecutive Board meetings. Your signature below reflects your acceptance of these terms and conditions.

Signature

Date

Submit this application to:

Envision Williamston

12 W. Main St Williamston, SC 29697

or EWBoardMembers@gmail.com

(Or drop off in our EW mailbox inside Town Hall)