

# Falls Cable Access

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## FCAC Board Member Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Present Occupation/Place of Employment: \_\_\_\_\_

1. What interests you about serving on FCAC Board of Directors?

2. Have you served (or currently serving) on other nonprofit boards? If so, which ones and what was your role?

3. How do you think you can help FCAC in fulfilling its mission?

4. What type of leadership roles have you held?