

104 E. Washington Street, Suite 301, Napoleon, Ohio 43545 (419) 592-4637

BOARD of DIRECTORS APPLICATION

DATE:			
NAME: First	MI	I	ast
RESIDENCE ADDRESS:			
PHONE:	EMAIL:		
CELL PHONE (OPTIONAL):		
EMPLOYER NAME:			
YOUR TITLE:			
ADDRESS:			
PHONE:			
TYPE OF BUSINESS OR O	RGANIZATION: _		
PLEASE LIST BOARDS AN (Business, Civic, Community			E ON, OR HAVE SERVED (eational, Religious, Social)
ORGANIZATION	ROLE/TITLE	DATES OF SER	RVICE

OPTIONAL-Have you received any awards or honors that you'd like to mention?

HOW DO YOU FEEL THE COMMUNITY IMPROVEMENT CORPORATION OF HENRY COUNTY, OHIO WOULD BENEFIT FROM YOUR INVOLVEMENT ON THE BOARD?

SKILLS,	EXPERIENCE AND INTERESTS	(PLEASE HIGHLIGHT ALL THE APPLY)	

Finance, Accounting Personnel, human resources Administration, management Nonprofit experience Community service Program evaluation Public relations, communications

Business Experience				
Education, instruction				
Special events				
Fundraising				
Outreach, advocacy				
Other				
Other				

PLEASE LIST ANY GROUPS, ORGANIZATIONS OR BUSINESSES THAT YOU COULD SERVE AS A LIAISON TO ON BEHALF OF THE COMMUNITY IMPROVEMENT CORPORATION OF HENRY COUNTY, OHIO

PLEASE TELL US ANYTHING ELSE YOU WOULD LIKE TO SHARE

Thank you very much for applying