

Leadership Team Applicaton

Date: _____

Personal Information

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Spouse/Emergency Contact Name: _____

Spouse/Emergency Contact Information: _____

Current Position/Employment Information

Company Name: _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____ Years employed: _____

Position: _____

Preferred method of contact: _____

What volunteer leadership position are you applying for? (Please check all that apply)

_____ Board of Directors _____ Treasurer _____ Secretary

_____ Fundraising Committee _____ Volunteer Coordinator _____ Marketing Committee

_____ Facility Committee _____ Finance Committee _____ Banquet Committee

_____ Golf Committee _____ Legal Advisor _____ Community Relations

_____ Strategic Planning Committee _____ Other _____



Leadership Team Application

Relevant Skills, Training, Education, or Certificates

Memberships and Associations (Professional, social, religious, honorary, etc.)

Why are you interested in a Leadership Team Position with Lifeline of Berks County?

A full term on the Board of Directors is four years. A full term on a committee is one year. Will you be able to commit yourself to serve Lifeline in either capacity? _____

How many hours per month are you willing and able to devote to the organization? _____

I hereby affirm that the information furnished by me on this application is true to the best of my knowledge.

Signature

Date

