United Way
of Columbia County

Board of Directors Member Application

Name:		
Organization:		
Position/Title:		
Address:		
City:	State:	**Zip Code**:
Mailing Address:		
Phone:	Cell:	
Email:		

Please feel free to attach additional sheets or use the back of this sheet if more space is needed.

1. Relevant Experience and/or Employment. Attach a resume if desired.

2. Tell us why you are interested in serving on the United Way of Columbia County Board of Directors.

3. Please list your prior experience serving as a board member for other non-profit organizations.

4. How do you feel you can best serve our board?

5. Please share any other information you feel important for consideration of your application to serve as a United Way of Columbia County Board Member.

Signature: _____Date:_____