



BOARD APPLICATION

BASIC INFORMATION:

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Preferred Email: _____

Work Phone: _____ Work Email: _____

EDUCATIONAL HISTORY:

Undergraduate Institution: _____ Degree & Major: _____

Graduate Institution: _____ Degree & Program: _____

CURRENT EMPLOYMENT:

Current Employer: _____ Title: _____

Type of business: Corporation Government Not-for-profit

Other : _____

Responsibilities: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Can we contact you at work? Yes No

BOARD/NONPROFIT EXPERIENCE:

What professional or nonprofit organization(s) have you been or are you currently involved in? Please include leadership roles.

In which of the following areas do you have experience/interest?

- Membership
- Communications (Networking/Marketing)
- Finance
- Event Planning
- Other: _____

QUESTIONS:

What specifically interests you about the mission of the Young Friends of the SLU Liver Center?

What role do you see yourself playing on the Young Friends of the SLU Liver Center Board and what skills will you bring to the board? Please be specific and cite prior experiences.

Please email this completed form to yfslulc@friendsoftheslulc.org