



PO Box 1021
Stroudsburg, PA 18360
570-420-8589
www.familypromisepa.org

BOARD OF TRUSTEES APPLICATION

Date of Application: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

What method of communication do you prefer? _____

Company/Employer Name: _____

Company/Employer address: _____

Occupation or Professional Training: _____

Present or previous board participation (including advisory boards): _____

Community involvement: _____

Educational background and interest study areas: _____

Additional experience/information you wish to add: _____

Briefly describe why you would like to be on the Family Promise of Monroe County Board of Trustees: _____

If you could achieve one goal as a board member, what would it be? _____

To make sure that we have a diverse pool of candidates to meet the needs of Family Promise of Monroe County, please check all the criteria that apply to you:

- | | |
|---|---|
| <input type="checkbox"/> Communication Skills (written, oral) | <input type="checkbox"/> Government/Political Advocacy |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Organization Planning/Evaluation |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Marketing and Public Relations/Media |
| <input type="checkbox"/> Personnel Management | <input type="checkbox"/> Community Activism |
| <input type="checkbox"/> Fund Development | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Health/Medical |
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Other _____ |

Signature: _____