



CANCER CONNECTION BOARD MEMBER APPLICATION

Please complete and return to Director@Cancer-Connection.org.

Name _____ Date _____

Phone _____ Work____ Mobile____ Home____

Alternative Phone _____ Work____ Mobile____ Home____

Email Address _____

Mailing Address _____

Relevant Experience and/or Employment (Please attach a resume or statement of your experience.) _____

Are you involved in our organization now? Yes____ No ____ If yes, for how long and how?

Why are you interested in our organization?

Area(s) of Expertise/Contribution you feel you can make _____

Other volunteer commitments _____

References (please provide 3) _____

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For Board Use