



DCARA BOARD APPLICATION FORM

Thank you for your interest in joining DCARA Board!

Please fill out this form to provide information about yourself.

Full Name _____

Home Phone Number _____ Mobile Number _____

Resident Address _____

Email Address _____

Profession/Job Title _____

Business/Employer _____

Briefly describe why you would like to join our DCARA Board of Directors:

Hobbies _____

Which of your skills would you like to utilize on the Board? **Check all those that apply:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Community Networking | <input type="checkbox"/> Facilities Management |

Signature _____ Date _____