

Board of Directors Application

Name:	Cell:	
Previous/current experience serving on a board:		
Why do you want to serve on the ESRN	board of directors?	
Please identify the board member p		
President	Secretary	VP of Community Affairs
Treasurer	VP of Programming	VP of PR & Communications
VP of Membership	Parliamentarian	Member-At-Large
Committee or Activity Involvement	(in addition to the board pos	sition or as an alternative):
Community Affairs	Publicity	Membership
Programming	Food Drive	Year-end Holiday Events
My signature below confirms I have read and agree to the Board of Director's Responsibilities.		
Signature:		Date:
Please return the following complete	ed documents to Knyvett L	ee (see her contact info below.)
 This application and Your <u>resume</u> or a <u>summary</u> of 	pertinent job and board m	ember experience.

If you have any questions, please contact Knyvett Lee, 954-553-0502 KLee@monarchcare.org