Friends of the Band Shell Park
Board Application

APPLICANT INFORMATION

Full Name: _____ _____ ____ **Date:** ____ / ____ / ____
Last First M.I.

Address: _____ _____
Street Address Apartment/Unit #

_____ _____ _____
City State ZIP Code

Phone ***(Home):*** **(___)** _____ _____ **Phone** ***(Cell):*** **(___)** _____ _____

E-mail address: _____

What is your current or most recent occupation or job title?

_____

Business Name & Address:

_____

_____

Please list your relevant educational background and expertise:

_____

_____

_____

Please list any past or current volunteer involvement with other organizations:

_____

_____

_____

Please provide a personal statement of your interest in Friends of the Band Shell Park and its mission.

_____

_____

_____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ **Date:** ____ / ____ / ____

SUBMIT