



Porterville Adult Day Services Board of Directors Membership Application

Personal Information

Name _____ State/Province _____

Employer _____ Zip/Postal Code _____

Address _____ Phone number _____

City _____ email _____

Community Service Affiliations: If more than four, please continue list on back of this page

	Organization 1	Organization 2	Organization 3
Name of Organization	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years of service	<input type="text"/>	<input type="text"/>	<input type="text"/>

Past or current affiliation with non-profit agencies in Tulare County

Agency Name	Date	Position (donor, board member, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What encouraged you to apply for board membership with Porterville Adult Day Services ? _____

What are your areas of expertise and how would they benefit Porterville Adult Day Services ? _____

- Board Development Finance Facility

On what committees are you willing to participate? (Please choose two.) _____

- Transportation Marketing Policy

How can you assist with fund-raising? _____

Signature _____ Date _____