



NeuroVitalityCenter

Board Member Application Resume accepted in lieu of this application
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Contact Information		
Full Name		Date:
Mailing Address		
City		State Zip
Home Phone	Cell Phone	
Email		
Business/Organization		
Occupation	Title	
Work Phone	Work Fax	
Education and Experience		
Undergraduate Institution	Degree	
Graduate Institution	Degree	
Honors/Awards		
Organizational Affiliations (boards/committees which you have served)		
Skills and Interests		
What skills would you bring to Neuro Vitality Center's Board of Directors?		



NeuroVitalityCenter

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Areas of Interest (check all that apply):	
<input type="checkbox"/> Finance, Accounting	<input type="checkbox"/> Education
<input type="checkbox"/> Personnel, Human Resources	<input type="checkbox"/> Special Events
<input type="checkbox"/> Administration, Management	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Nonprofit Experience	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Governance	<input type="checkbox"/> Individual Donor Meetings
<input type="checkbox"/> Community Service	<input type="checkbox"/> Outreach, Advocacy
<input type="checkbox"/> Policy Development	<input type="checkbox"/> Legal
<input type="checkbox"/> Program Evaluation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Public Relations, Communications	<input type="checkbox"/> Other _____
<input type="checkbox"/> Healthcare/Hospitals	<input type="checkbox"/> Other _____

Is there anything else you would like to share?

Thank you for your interest in serving on the Neuro Vitality Board