

# BOARD MEMBER APPLICATION

Phone 281-633-7055 Fax 281-633-7050 Email: mha@fortbendseniors.org

**Email, fax or mail completed form along with a brief personal bio and/or resume to:  
NOMINATING COMMITTEE c/o Fort Bend Seniors Meals on Wheels**

**From our experience, Board Directors spend a minimum of 10 hours per month on FBS work. Depending on your level of involvement and commitment, this time might increase.**

Name:		D.O.B.	
Company Name:		Position / Title	
Business Address:			
Home Address:		Home Phone:	
Business Phone:		Cell Phone:	
Email Address:		Spouse's Name:	

**History of volunteer work, employment or other interests: (Please list dates and responsibilities).**

**Involvement with senior citizens? (Volunteer, Caregiver, etc.)**

**Have you ever, or do you now live in Fort Bend County and if so, for how long? If you don't live in Fort Bend County, which county do you live in and how long have lived there?**

**What areas of FBS Board work are of particular interest to you?**

**Have you participated in the Leadership Excellence for Non-profits Program? If yes what class?**

**If referred to FBS, by whom?**

**Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group.**

Name:	
Address:	
Phone:	

Name:	
Address:	
Phone:	

**BOARD POSITION**

**Please allow my name to stand for nomination to the Board of Directors. I am willing to commit my time to Fort Bend Seniors through service on the Board.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OR**

**VOLUNTEER**

**I prefer to consider a volunteer role other than Board work at this time. Please refer my name to the volunteer coordinator.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**A response from FBS will be made within 30 days of receipt of Board Application.**