

Application Approved on ____ / ____ / ____

Application Approved by: _____

FAMILY COUNSELING SERVICE

BOARD MEMBER APPLICATION

Date: _____

Name: _____

Birth Date: _____
(Month & Day)

Home Address: _____ Zip: _____

Home Phone: _____ Home e-mail: _____

Employer: _____

Occupation/Position: _____

Business Phone: _____ Business email: _____

Spouse's Name: _____ Number of Children: _____

Spouse's Occupation/Employer: _____

Education and other Training: _____

Current membership in associations, service or social clubs: _____

Membership and offices held on other agency boards (dates): _____

Civic appointments held: _____

Hobbies and special interests: _____

Comments: _____

In what areas of expertise do you feel you could contribute to the organization?
(Check all that apply.)

- | | | | |
|-------|------------------------|-------|---------------|
| _____ | Strategic Planning | _____ | Fund Raising |
| _____ | Evaluation | _____ | Public Policy |
| _____ | Public Relations | _____ | Marketing |
| _____ | Financial Management | _____ | Legal |
| _____ | Other (Please specify) | | |

The following are among the activities of the Board of Directors. Please check all areas in which you would be interested in participating.

- | | |
|-------|---|
| _____ | Community Awareness |
| _____ | Resource Development (Board and Fund Raising) |
| _____ | Budget & Finance Management |
| _____ | Strategic Planning |

Other (Please specify) _____

Please complete and return to:

**Family Counseling Service
3833 S. Staples, Suite S203
Corpus Christi, TX 78411**