

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: _____

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.)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Legal | |
| <input type="checkbox"/> 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.

- | | |
|--|--|
| <input type="checkbox"/> Community Awareness | <input type="checkbox"/> Resource Development (Board and Fund Raising) |
| <input type="checkbox"/> Budget & Finance Management | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Other (Please specify): | |

Please complete and return to:

**Family Counseling Service
Attn: Executive Director
3833 S. Staples, Suite S203
Corpus Christi, TX 78411**

www.fcscb.org



**Family Counseling
SERVICE**