Pinnacles Partnership BOARD of DIRECTORS APPLICATION FORM



NAME			PARTNERSHIP
ADDRESS		CITY	
ZIP			
I ELEPHONE	CELL	BIRTHDATE:	
E-MAIL ADDRESS			
EMPLOYER			
POSITION			
Why are you interested i	n our organization?		
<u> </u>		erve or on which you have served	
	nunting for Nonprofits ment/Coordination	year of experience (paid or volu	<i>unteer)</i> in:
Attend all board ar Be informed about Review agenda an Serve on committe Make a personal fi Inform others about Suggest possible r work of the board Keep up-to-date of Follow conflict of ir Assist the board in	the organization's mission, so and supporting materials prior to sees or task forces and offer to nancial contribution to the organization. The organization who can also the organization of the organization of the developments in the organization of the organizatio	unctions, such as special events. services, policies, and programs. to board and committee meetings take on special assignments. ganization. an make significant contributions teation's field.	to the
Describe your knowledg	e and/or experience pertainir	ng to Pinnacles National Park	
How did you hear about organization?			
Dated:			
Applicant Signature:			