Spastic Paraplegia Foundation

Board of Directors Candidate Application

> Frank Davis, President, Frank.Davis77@gmail.com
> _____
>
> Please return this application to the above email address by:

Date _____

Name_____

First   MI   Last   Familiar name

Residence
Address_____
Phone _____E-mail _____

Employer
Name_____
Your title _____
Address_____
Phone _____E-mail _____
Type of business or organization_____
Primary service(s) and area/population served_____

Preferred method of contact (   ) Work   (   ) Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization   Role/Title   Dates of Service

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Education/Training/Certificates

_____

_____

_____

Optional – Have you received any awards or honors that you'd like to mention?

_____

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_____

How do you feel The Spastic Paraplegia Foundation would benefit from your involvement on the Board?

_____

_____

_____

Skills, experience and interests (Please circle all that apply)

Finance, accounting	Special events
Personnel, human resources	Grant writing
Administration, management	Fundraising
Nonprofit experience	Outreach, advocacy
Community service	Other _____
Policy development	Other _____
Program evaluation	Other _____
Public relations, communications	
Education, instruction	

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of [name of org].

_____

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Please tell us anything else you'd like to share.

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Thank you for applying