

Seminole County Healthy Start Coalition Board Member Application



Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Community of Residence: _____

Phone: _____ Alternate Phone: _____ Fax: _____

Email: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ ext. _____ Fax: _____

Email: _____

Educational Information:

High School Diploma/GED ___ Associate's Degree ___ Bachelor's Degree ___

Master's Degree ___ Doctorate ___ Other (indicate) _____

Area of Expertise/Interest: _____

Please list any vocational training, certifications, etc. that you have completed:

1. _____ Date Completed: _____

2. _____ Date Completed: _____

3. _____ Date Completed: _____

Please check areas of experience with non-profit organizations:

Board Governance & Development Legal/Ethical Issues Proposal Writing Public Relations

Organizational Development Financial Management Advocacy Marketing

Strategic Planning Budget Management Fundraising Technology

Leadership Volunteer Management Other _____
