



COMMUNITIES IN SCHOOLS OF PENINSULA
Affiliate Board Member Application Form

You may choose to share as much information as you like. Please feel free to attach a resume.

Personal Data

Name _____ Date of Birth _____

Occupation _____

Company _____

Phone: Business ____/____ Home ____/____ Cell ____/____

Fax ____/____ Email Address _____

Education _____

Professional Associations and Clubs _____

Associations with Nonprofit Organizations _____

How I will be an asset to the CIS Affiliate Board _____

Reasons for Serving on the CIS Affiliate Board _____

I am interested in: (check all that apply)

Resource Development and Public Relations Committee

Special Events Committee (sub-group of RD/PR)

Additional Information _____

Signature _____ **Date** _____