

**Worcester Youth and Family Counseling Services, Inc.**

**Application for Nomination to the Board of Directors**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Address: \_\_\_\_\_

Education/Training: \_\_\_\_\_

**YOUR AVAILABILITY TO SERVE**

Could you regularly attend monthly Board meetings?  Yes  No

Conflicts: \_\_\_\_\_

How many hours a month, in addition to board meetings could you serve this organization? \_\_\_\_\_

Would you attend an orientation/training session for new board members?  Yes  No

Would you be available to participate in special events?  Yes  No

In the event no vacancies exist on the Board of Directors, would you be willing to serve on a committee?  
 Yes  No

**YOUR VIEWS ON OUR ORGANIZATION**

What is your interest in this organization? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like to gain from your experience with WYFCS? \_\_\_\_\_

\_\_\_\_\_

Have you had personal experience with WYFCS or similar services?  Yes  No

If yes, would you be willing to share your experience? \_\_\_\_\_

\_\_\_\_\_

**Interest/Skills**

Please indicate your Expertise (experience/education/skills) and/or Interests (willing to participate)

	Expertise	Interest	Comment
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Financial	<input type="checkbox"/>	<input type="checkbox"/>	_____
Legal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business Development	<input type="checkbox"/>	<input type="checkbox"/>	_____
Technology	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretarial/Clerical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	_____
Education	<input type="checkbox"/>	<input type="checkbox"/>	_____
Child Development	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arts/Music	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health/Welfare	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other skills, hobbies or major interests: \_\_\_\_\_

\_\_\_\_\_

Board memberships: (Current and Past) \_\_\_\_\_

\_\_\_\_\_

Other volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

Thank you for your interest in Worcester Youth and Family Counseling Services, Inc.'s Board of Directors.  
WYFCS - PO Box 925 Berlin, MD 21811  
410-641-4598