

WV CASA ASSOCIATION BOARD OF DIRECTORS
Application for Membership

ALL APPLICATIONS FOR THE BOARD OF DIRECTORS WILL BE ASSESSED FOR THE DEMOGRAPHIC, ETHNIC AND PROFESSIONAL NEEDS OF THE BOARD OF DIRECTORS. RECEIPT OF A COMPLETED APPLICATION WILL BE REGARDED AS AN EXPRESSION OF INTEREST, NOT AN ACCEPTANCE OR COMMITMENT TO SERVE.

Name: _____ Email _____ Date: _____

Preferred Mailing Address: _____

Daytime Phone Number: _____ Age: _____ (optional)

Occupation: _____ Preferred Title: _____

Business: _____ Ethnicity: _____ (optional)

Nonprofit Experience: _____

Education, Training, Special Skills: _____

Volunteer Experience: _____

How long a resident of West Virginia: _____

Memberships in other organizations: _____

Known by the following board members of this agency: _____

Brief biography: _____

What strengths or skills would you bring to this board? _____

Signature of Applicant: _____ Date: _____

Please return to: WV CASA Association, Inc., 212 John Street, Elkins, WV 26241