



FRIENDS of Iowa Civil Rights Board Application

**Indicates Response Required*

First Name*: _____ Last Name*: _____

Work Address*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip Code*: _____

Work Phone Number: _____

Home Address*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip Code*: _____

Home Phone Number: _____

Email Address*: _____

Employer*: _____

Occupation*: _____

Title*: _____

Please explain your interest in participating as a member of the Board of Directors (0/1000 characters)*:

What skills or areas of expertise would you bring to the Board of Directors?* (0/1000 characters):

What date are you available to begin serving on the Board of Directors?* _____

Attendance at quarterly meetings is required of members of the Board. Do you have the time to commit to these necessary meetings?* _____

Please list the names of other boards that you have participated on, past or present*:

Please list any professional or social organizations of which you are or have been a member*:

Please list two professional and two personal references:

Professional

First Name*: _____ Last Name*: _____

Work Address*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip Code*: _____

Phone Number: _____

Email Address*: _____

First Name*: _____ Last Name*: _____

Work Address*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip Code*: _____

Phone Number: _____

Email Address*: _____

Personal

First Name*: _____ Last Name*: _____

Work Address*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip Code*: _____

Phone Number: _____

Email Address*: _____

First Name*: _____ Last Name*: _____

Work Address*: _____

Address Line 2: _____

City*: _____ State*: _____ Zip Code*: _____

Phone Number: _____

Email Address*: _____

Please submit this form and a copy of your resume to info@iowafriends.org