Volunteer Application Boards and Committees of Chatham County Partnership for Children

If you are a Chatham County resident, at least 18 years old (OR enrolled in High School and completing community service), interested in children, and willing to volunteer your time and expertise to your community, please complete and return this application by mail to: Chatham County Partnership for Children, P.O. Box 637, Pittsboro, NC 27312; or by email to our Executive Director, genevieve@chathamkids.org

Date:		
Nama	Personal Information	
Name:		
Home Address:		
Mailing Address (if different):		
Business Phone Number:	Home Phone N	umber
Fax Number:	E-mail address:	
Are you currently or have yo County? Yes No If so, please list boards and comm	mittees on which you current	ly serve or have served.
Can you provide at least one perserve as a volunteer for a nonpro	sonal or professional referen	
Name:	phone or email:	
Are you interested in serving on	the Partnership Board	or a Committee?
Please list in order of preference C (Executive/Finance, Development, advisory committee (Child Care Pr	, Planning & Evaluation, Nomi	inating), or a specific program
1		
2		

Why do you want to serve attach a separate sheet.	the Partnership in this capacity?	If additional space is needed, please
Please list your educationa received.	Education al background. Include names of	all schools attended and degrees
Name of Employer:	Employment	
Address:		
Description of job duties:_		
Please list the names of all	Civic Involvement civic organizations in which you	ı currently hold membership.
	Other Comments	
	Optional Data Section	
• •	assuring diversity of membership ng questions. You may leave this	• • •
Gender: Male Female		f birth:
Ethnic Background:	African American Caucasian Other	Hispanic Native American
How did you become awar	re of Partnership volunteer oppor	tunities?
Newspaper	Volunteer Fair at	
Partnership Board m		
Other (please specify)		