

**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](mailto:genevieve@chathamkids.org).

Date: \_\_\_\_\_

**Personal Information**

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

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

Mailing Address (if different): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Are you currently or have you previously served on a board or committee in Chatham County?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please list boards and committees on which you currently serve or have served.**

**Provide at least one personal or professional reference regarding your eligibility to be a volunteer for a nonprofit serving young children and families.**

Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

**Are you interested in serving...**

\_\_\_\_\_ on the Partnership Board? \_\_\_\_\_ on a Committee? \_\_\_\_\_ at events?

**Please list in order of preference Committees on which you would be willing to serve.** Options: Executive/Finance, Fundraising & Development, Planning & Evaluation, Nominating; or a specific program advisory committee (Child Care Professional Advisory or NC Pre-K Advisory).

1. \_\_\_\_\_

2. \_\_\_\_\_

**Why do you want to serve the Partnership in this capacity? If additional space is needed, please attach a separate sheet.**

**How do you feel you can most contribute to the success of the Partnership?**

**Education**

Please list your educational background. Include names of all schools attended and degrees received.

**Employment**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Description of job duties: \_\_\_\_\_

**Civic Involvement**

Please list the names of all civic organizations in which you currently hold membership.

**Optional Data Section**

We ask your help in assuring diversity of Board membership by age, gender, and race by answering the following questions. You may leave this section blank if you desire.

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ Gender Non-Binary \_\_\_\_\_ Prefer not to say \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Race/Ethnicity (check all that apply):** \_\_\_ African American \_\_\_ Caucasian \_\_\_ Asian  
\_\_\_ Latino/a \_\_\_ Native American \_\_\_ Other \_\_\_ Prefer not to say

**How did you become aware of Partnership volunteer opportunities (newspaper, volunteer fair, Partnership board member or staff, other)?**