



THE CENTRAL MISSOURI
**Foster Care
& Adoption**
ASSOCIATION

**BOARD OF DIRECTOR'S
APPLICATION**

This form is to be filled out and given to CMFCAA by
email at **info@mofosteradopt.com** or by fax at **573-616-1202**.

Full name:	Name of spouse
Home address:	
Phone:	Personal email:
Business firm:	Business title:
Business address:	
Business phone:	Business email:

Educational history (please attach resume as well):

Professional background, honors, and accomplishments:

List professional and community organizations and associations of which you are or have been a member:

Are you a past or present member of other Boards of Directors? Yes No
If so, please list which ones and what your role has been in each:

What is your reason, interest, or objective for becoming a member of the CMFCAA Board of Directors?

How might you be helpful in developing a network of individuals, organizations, or agencies supportive of CMFCAA?

In which of the following areas of expertise would you agree to volunteer as a Board member:

- Planning Finance Building & Housing Legislative
 Fundraising Public Relations Legal Personnel

Please provide any other information you think helpful in considering your candidacy for board membership:

Thank you for your interest in CMFCAA!

Please sign below and attach your resume.

Signature: _____ Date: _____

Title: _____

For Nominating Committee Use Only

Applicant has met with the Board Nominating Committee or Board Representative:

- Yes No

Date: _____

Applicant reviewed by the Board Development Committee:

- Yes No

Date: _____

Applicant attended Board Meeting:

- Yes No

Date: _____

Applicant interviewed by Nominating Committee *If applicable:

- Yes No

Date: _____

Received by: _____ Date: _____