



Sylvan Lake Foundation

SYLVAN LAKE FOUNDATION

BOARD MEMBER APPLICATION FORM

Name: _____ Email _____

Address: _____

Telephone: _____ Cell: _____

Emergency contact: _____ Phone _____

Special Skills, interests and hobbies: _____

Past Experience as a Board Member: _____

Reason for wanting to become a Board Member: _____

Time available to attend meetings: _____ morning _____ afternoon _____ evening

Days of the week you are available: _____

How did you hear about becoming a Board Member: _____

Do you have any condition that would affect your duties or that we would need to accommodate? _____ Yes _____ No

Please explain _____

Please include a cover letter.