



Meals on Wheels of Durham, Inc.

BOARD APPLICATION FORM

Please PRINT or TYPE information, then FAX or MAIL form to:
Meals on Wheels of Durham, Inc.

2522 Ross Road, Durham, NC 27701
Fax: (919) 667-9458, Phone: 919-667-9424

Name _____

Address _____

Phone (Home) _____ (Work) _____

Email Address _____

Relevant Experience and/or Employment (attach a resume) _____

Why are you interested in our organization? _____

Area(s) of Expertise/Contribution you feel you can make _____

Other volunteer/family commitments _____

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For Board Use

___ Nominee has had a personal meeting with either the executive director, board chair, or other board member. Date _____

___ Nominee reviewed by the committee. Date _____

___ Nominee attended a board meeting. Date _____

___ Nominee interviewed by the board. Date _____

Action taken by the board _____
