



# 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  
Phone: (919) 667-9424 Fax: (919) 667-9458

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail 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 \_\_\_\_\_

\_\_\_\_\_