

BOARD OF DIRECTORS APPLICATION FORM

PLEASE EMAIL COMPLETED FORM TO: JEDWARDS@UDMO.COM

OR MAIL TO: UDMO, 101 E ROBINS ST., P.O. Box 519,
GRAETTINGER, IOWA 51342

OFFICE USE ONLY RECEIVED: _____

APPLICANT CONTACT INFORMATION			
NAME			
ADDRESS		CITY, STATE ZIP CODE	
EMAIL			
TELEPHONE		CELL PHONE	

Please tell us why you would like to serve on UDMO's Board of Directors.	
Please describe any experience (including number of years), you have had with UDMO's programs. (Are you familiar with particular services? Have you volunteered with any of our programs?)	
Please list any areas in which you have expertise or skills that would benefit UDMO's Board of Directors (financial, legal, marketing, fundraising, human resources, etc.).	

REFERENCES			
<i>Please provide three references that are familiar with your previous board or committee experience:</i>			
1 ST REFERENCE		2 ND REFERENCE	
RELATIONSHIP		RELATIONSHIP	
TELEPHONE		TELEPHONE	
EMAIL		EMAIL	

REFERENCES Cont.

Please provide three references that are familiar with your previous board or committee experience:

3rd REFERENCE	
RELATIONSHIP	
TELEPHONE	
EMAIL	

APPLICANT NAME (please print): _____

APPLICANT SIGNATURE: _____ **DATE:** _____