

Board of Directors Application Form

- Candidate Name: _____
Home Address: _____

Home Phone: _____ Work Phone: _____
Email: _____

Preferred Method of Contact: () Home Phone () Work Phone

Are you registered to vote in San Bernardino County? _____
- Current position & employer: _____
- Please describe your relevant experience and/or employment. You may also attach a resume.
- Please describe the area(s) of expertise/contribution you feel you can make to further the mission of MVCSD:
- Please list prior experience serving as a Board member for other non-profit organizations:

6. What other volunteer commitments do you currently have?
7. The MVCSD Board of Directors meets on the third Wednesday of every month at 6:00 p.m. The meeting generally lasts about one (1) hour. Do you have any standing commitments that create a scheduling conflict? Yes No
8. **ESSAY QUESTION:** Why are you interested in serving as a Board member for the MVCSD? Please limit to 500 words or less
9. Please share any other information you feel important for consideration of your application to serve as an MVCSD Board member.

For CSD Use

_____	Nominee application was reviewed by the Office Staff.	Date _____
_____	Nominee application was submitted to the Board.	Date _____
_____	Nominee was reviewed by the Board	Date _____
Board action:	_____Elected	_____Rejected
		Date _____