

## 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.

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*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 _____