

SART BOARD MEMBER APPLICATION

Name:

Address:

City/State/Zip:

Phone: *Please check the phone number that you would like as your primary phone contact.*

Cell:

Home:

Work:

Email(s)

1) Personal or Work

2) Personal or Work

Place of Employment:

Title:

Address:

City/State/Zip:

Thank you for your interest in becoming a member of the Board of Directors for the St. Croix Valley S.A.R.T. In order for us to know a little more about potential board members, we would appreciate it if you would answer a few questions for us.

SART BOARD MEMBER APPLICATION

How did you learn about the St. Croix Valley S.A.R.T.?

Why are you interested in becoming a member of the S.A.R.T.'s Board of Directors?

What is your perception of the role of the St. Croix Valley S.A.R.T. in Pierce, St. Croix, and Polk Counties?

SART BOARD MEMBER APPLICATION

Are there special skills or interests that you would bring to the Board that would make you a good Board member?

Board members are part of at least one committee. Are you available to donate 5 – 7 hours a month to the work of the S.A.R.T.?

Additional Comments: