

Board of Directors Application Form

1. 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? _____

2. Current position & employer: _____

3. Please describe your relevant experience and/or employment. You may also attach a resume.

4. Please describe the area(s) of expertise/contribution you feel you can make to further the mission of MVCSD:

5. 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 _____ |