



Heart of the Ozarks United Way
Application for Consideration of Board Membership

Member Information:

First Name: _____ Last Name _____

Phone: (h) _____ Email address of preference _____

Address: _____
Street City Zip

Work Information:

Employer: _____ Business Title: _____

Address: _____
Street City Zip

Work phone _____ Extension # _____

Responsibilities: _____

Other Information:

Involvement in the Community: _____

Communities/Issues you have been active with: _____

Why are you interested in serving on the United Way Board? _____

Skills and strengths you bring to the United Way: _____

Other information you would like us to know about you: _____

Please bring this form with you to the United Way Board meeting. Thank you!