## **BORDEAUX ADVOCATES New Board Member Application**

Name		
Home Address		
Business Address		
Home Telephone _	Work	Cell
Email		
Date of Birth (Month/D	ay)	
Work Experience		
a. As a volu	inteer	
b. Business	or professional	
		number of hours per week
Your duties in this job a	re	
Community affiliations		
Times you have availa	ble for volunteer work:	
Hours per week C	rcle Day: SMTWThFSat Mor	rning Afternoon Evening
How long do you antici	pate serving as a Bordeaux Advoca	ite?
Less than 3 months	6 months 6 months-	1 year Indefinitely
Hobbies and talents (cra	fts, run projector, play instruments	e, etc.)
Person to contact in case	e of emergency (name, address, pho	one number):
Signature of Applicant	Date	
Signature of Applicant		

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