

Old Mill Center Student Board Member Application

Name: _____

Current Address: _____

City: _____

ZIP Code: _____

Email: _____

Phone: _____

Occupation: _____

Please provide answers to the following questions so we may learn more about you and why you would like to serve on the Board of Old Mill Center for Children and Families (OMC).

Please tell us why you are interested in serving on the OMC Board:

Please describe the skills and experience you would bring to the Board:

Please tell us about your other volunteer experiences:

Please share with us how you connect to our vision:

“We are committed to a diverse and inclusive board and agency that reflects the identities, perspectives and lived experience of our clients.” Please voluntarily share anything about yourself that you believe will help us meet our goals in this area.

Confirmation (required):

___ By checking this box, I affirm the information in this application is true and correct. If I am selected as a Board member, I understand this is a non-paid volunteer position with an initial term of one year.

Name

Date