RANCHO ADOBE FIRE PROTECTION DISTRICT

Board of Directors Candidate Application

Date	 		
Name			
First	MI	Last	Familiar name
Residence			
Address			
Phone		E-mail	
Employer			
Name			
Your title			
Address			
Phone		E-mail	
Type of business or o	rganization		
Preferred method of	contact () Work	() Residence	() Email
Please list boards a civic, community, frate		-	have served on (business eligious, social).
Organization	Role/T	itle	Dates of Service

Skills, experience and interests (Pleas	e circle all that apply)
Finance, accounting	Education, instruction
Personnel, human resources	Special events
Administration, management	Grant writing
Nonprofit experience	Fundraising
Community service	Outreach, advocacy
Policy development	Other
Program evaluation	Other
Public relations, communications	Other
involvement on the Board? ———————————————————————————————————	Protection District would benefit from your sinesses that you could serve as a liaison to on behalf
of the Rancho Adobe Fire Protection Dist	rict?
Are you willing to give time, energy and re Fire Protection District?	esources to support the mission of the Rancho Adob
Fire Protection District?	esources to support the mission of the Rancho Adob

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this application for the position of Director are true and	d
complete to the best of my knowledge. I understand that false statements, omissions or	
misrepresentations in any documents or verbal statements may result in my dismissal as a	ì
Director. I authorize the Rancho Adobe Fire Protection District to make an investigation any of the facts set forth in this application and release the Rancho Adobe Fire District from	
any liability.	

Applicant's signature Date

Thank you for applying