

Volunteers of America of Illinois Auxiliary Board Member Profile

Name:	
Home Address:	
	Cell Phone:
Name of Spouse :	
Employer Name:	
	Fax:
Employer Email:	
Position:	
Mailing Preference: Business _	Home:
Religious Affiliation:	
Ethnicity:	
Birth date(MM/DD/YY):	

What are your past/current Board e	xperiences?
Please list organization(s), if applicable	e:
Please describe other volunteer co	mmitments you have:
	_
Educational Background: (College a	and above)
Name of Institution	Degree
Additional Credentials:	
Please list any certifications or profess	sional licenses
Type of Certification or Licensure	Sicilal licenses
-	
Professional Affiliations:	D'4' (08"
Name of Organization	Position (Officer, member, etc.)

Community Involvement/Affiliations:

Name of Organization	Position (Officer, member, etc.)
Please attach a current resume.	
What are the primary skill sets and can bring to the Board/organization	
What areas of the organization's or involved in?	perations would you most like to be
What would you like to gain from the Board?	ne experience of being a member of
What Board Committees and/or prointerested in?	ojects would you be most



Auxiliary Board Member Agreement

Name:	Date:	
As an Auxiliary Board member, I comm	nit to the following:	
Provide 3-10 hours a month of serviParticipate in Auxiliary Board activiti	•	
 Perform the roles and responsibilitie (Attend monthly Auxiliary Board medin advance of my inability to attend). 	es of an Auxiliary Board member etings or notify Board members well	
 Review all meeting materials provide so that I arrive prepared to discuss r make decisions. 	•	
 Participate in Auxiliary Board committee activities between regular Auxiliary Board meetings. 		
 Fulfill pledge as member of the Auxi 	liary Board.	
Signature	Date	