



BOYS & GIRLS CLUBS
OF SOUTHERN ILLINOIS

PROSPECTIVE COMMITTEE/TASK FORCE APPLICATION
Boys & Girls Clubs of Southern Illinois

Date: _____

First Name _____ Last Name _____

BUSINESS OR HOME

Business Name: _____

Your Position: _____

Street Address: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone: _____ ext _____ Cell _____

Business Web: _____ email: _____

Type of Business: _____

WHAT IS YOUR INTEREST IN SERVING ON THE STAKEHOLDER COMMITTEE OF THE BOYS & GIRLS CLUBS?

WHAT EXPERIENCE, IF ANY, HAVE YOU HAD WORKING WITH, OR SERVING ON A BOARD?

OTHER COMMUNITY AFFILIATIONS (ie. Memberships in clubs, associations, community groups, etc)

REFERENCES (please provide 2):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____