



Board Application

Please complete the following. After completing, please return to: Kimberly Strong, Executive Director, Cabarrus Meals on Wheels, 342 Penny Lane NE, Concord, NC 28025 or fax to (704) 932-9011. The Nominating Committee will review this application for consideration for a future position on the Board of Directors for Cabarrus Meals on Wheels.

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Home fax: _____ Email: _____

Business phone: _____ Business fax: _____ Bus. Email: _____

Place of Employment (if applicable): _____

Title: _____

Business Address: _____

Mailing address preferred: Home ____ Business ____

If retired, former occupation/employer and title: _____

How or from whom did you hear about this opportunity? _____

Please list organizations on whose board of directors you are currently serving or will be serving on during this year?

1. _____ 2. _____

3. _____ 4. _____

Please list other civic or professional organizations in which you are a member or serve as a volunteer.

1. _____ 2. _____

3. _____ 4. _____

Signature _____