



the Iowa Commission on the Status of Women

Board Application

Name: _____

Address: (Work) _____

(Home) _____

City: _____ State _____ Zip _____

Telephone: (work) _____ (home) _____ (cell) _____

Preferred Email Address: _____

Employer: _____

Occupation: _____

Title: _____

Please explain your interest in participating as a member of the Board of Directors

What skills or areas of expertise would you bring to the Board of Directors?

What date are you available to begin serving on the Board of Directors?

Attendance at board meetings, as well as at ongoing committee meetings is required of members of the Board. The board will meet at least nine or ten times per year and committees will meet as needed. Do you have the time to commit to these necessary meetings?

Please list the names of other boards that you have participated on, past or present.

Please list any professional or social organizations of which you are or have been a member.

Please list two professional and one personal reference:

Professional:

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Personal:

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Mail this form to:

Friends of the Iowa Commission on the Status of Women
PO Box 71234, Clive, IA 50325
Email: info@friendsoficsw.org