



New York State Maple Foundation Board Member Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Today's Date	

Availability

Please check all the available times and ways that you could participate in a board meeting.

- Annual Board Meeting Evening Conference Calls
 E-mail Daytime Conference Calls

Interests

Tell us in which area(s) you are interested in

- Officer
 Member
 Education
 Fundraising
 Grants
 Web Site
 Newsletter production
 Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, board member or through other activities, including hobbies or sports.

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Previous Board Member Experience

Summarize your previous Board Member experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

List 2 people, not related to you, that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name (printed)	
Mailing Address	
Phone	
Name (printed)	
Mailing Address	
Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in becoming a board member.

Please return this form to:

**NYSMF
Attn: Remi Link
PO Box 104
Taberg, NY 13471**