



Contact:
Tina Younoszai, Nominating Committee
740-816-3514
tinay@delaware-reads.org

BOARD OF DIRECTORS VOLUNTEER APPLICATION

Name:

Address:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address:

Experience and Background Information: Please briefly list the employers and occupations in which you have held or currently hold.

1.

2.

3.

Other volunteer programs or organizations you are currently, or have been, involved in:

Education, qualifications, special skills, languages, etc:

Please list other skills, interests, and hobbies.

Why would you like to serve in the capacity as a member of the Board of Directors of the Literacy Coalition of Delaware County?

Are there any special circumstances that we should be aware of when considering you as a volunteer board member? Yes No
If yes, please explain:

Literacy interest (check all that apply)

Youth Family Adult

Opportunities for volunteers are provided without regard to race, color, religion, sex, national origin, veteran status, or disability.

I understand that the board typically meets a minimum of six times a year and that regular attendance is expected of all board members. I have reviewed the summary of the role and responsibilities of board members and will commit myself to serving in this capacity for the two (2) year board term.

I attest that all the information furnished in this application is true, accurate and complete to the best of my knowledge. I understand that if given the opportunity to volunteer, any misstatement or omission of fact on this application is cause for immediate dismissal. I authorize the Literacy Coalition to verify any information I have provided by contacting former employers and other appropriate sources.

Signature

Date

Submit completed application to:

tinay@delaware-reads.org or

Literacy Coalition of Delaware County
Attn: Tina Younoszai
4565 Columbus Pike
Delaware, OH 43015