



Area Board Application

Name:

Address:

City:

State:

Zip:

Email Address:

Phone:

Please specify:

Work

Home

Cell

Employer:

Title:

Specialty:

Education:

To assist us in providing balance and to meet our goal of increased diversity within the membership of our board, we appreciate your response to these questions. Under state and federal law, this information may not be used to discriminate against you.

Gender:

Female

Male

Race/Ethnic Background:

American Indian or Alaska Native

Black or African American

Native Hawaiian or Pacific Islander

Two or More Races

Asian

Hispanic or Latino

White

Other

"I am a survivor" (Please check if applicable)

Yes

No

1. Why are you interested in serving on the Area Board?



2. What relevant experience and qualifications do you bring to the Area Board?

3. Please list your involvement with the American Cancer Society:

4. List any additional volunteer experience here:



If you learned about this opportunity through American Cancer Society volunteers or staff, please share their information here:

Please ensure that you have the consent of these individuals before providing ACS with their contact information.

1. Name:

Email:

Phone: Please specify: Work Home Cell

Relationship:

2. Name:

Email:

Phone: Please specify: Work Home Cell

Relationship:

If you learned about this opportunity through another channel, please share that information here:

1. Name:

Email:

Phone: Please specify: Work Home Cell

Relationship:

I understand that as part of the application process, ACS may contact the individuals I have identified above for the purpose of evaluating my application for board membership and agree that this information may be used by ACS for any decision that relates directly to my application for board membership.

Signature:

Date: