Application for Clarkston Coalition for Youth Executive Board P. O. Box 702, Clarkston, MI 48347 (248) 320-4550

"Our mission is to increase positive youth development through community partnerships, providing every youth with the opportunity to reach their fullest potential".

Thank you for your interest in serving on the Executive Board for the Clarkston Coalition for Youth. We want to offer you a rewarding opportunity and make the most of your special talents and expertise.

CONTACT INFORMATION

Name:	
	:
	Phone:
Email Address	:
	Fax:
Organization A	ffiliation:
	ddress:
City/Zip:	Phone:
BOARD COM	MITMENT
	ard meets once a month, the 3 rd Wednesday of the month at 3pm for up II you attend regular Board meetings? Please circle: Yes No
many hours a r	pard member is asked to volunteer for Events and/or for projects. How month would you be willing to serve, not counting Board Meetings? Less than 2 2 4 6 8 more than 8
Will you attend	a new member orientation? Please circle: Yes No
	ant to become a member of the Clarkston Coalition for Youth Executive
Continued on Bac	rk

INTERESTS/SKILLS
Please check the education or skills you will contribute to the Board:
Accounting or financial
Public Relations Marketing
Events
Program Development
Strategic Planning
Fundraising
Community Relations
Training
Public Speaking
Other
POSITION
Are you interested in serving on the Executive Committee of the CCFY Board?
Executive Committee positions are a one (1) year term, with the exception of President
Elect and President. If yes, please check the position below:
President (This position will succeed with Past President)
President (This position will succeed the President)
Secretary
Treasurer
Student Freshman Sophomore Junior Senior
All other Executive Board Members will serve as "At Large Members" and will hold an
office for a two (2) year term. There will be six (6) "At Large Members" serving at one
time.
OTHER VOLUNTEER OBLIGATIONS
Are you now serving as a Board Member or Trustee of another non-profit organization?
NOYES (Please indicate the organization(s) name)
What is your experience as a member of other Board of Directors?

	y other information? If so, please include it below
or as attachments:	
REFERENCES	
Please provide references and contact	et phone numbers:
#1 Reference	
Reference Name:	
Peterana Davima Phana Number	
Reference Evening Phone Number: _	
#2 Reference	
Reference Name:	
Reference Daytime Phone Number:	
#3 Reference	
Reference Address:	
Transfer Livering I home Mulliber	

Please return application to: Tonya Cunningham, Community Director Clarkston Coalition for Youth P. O. Box 702 Clarkton, MI 48347

Email: tonya@clarkstonyouth.org