CASA/GAL Board Volunteer Association Board of Trustees Application

Name		
Business Information:		
Business Name		
Professional Title		
Business Address		
Business Phone	Business Fax	
Email Address	Cell Phone	
Personal Information:		
Home Address	Hama Far	
Home phone	Home Fax	
Preferred contact for daytime phone calls and for CASA	A/GAL Board mail is: Business	Home
May we contact you at home, if needed, in the evening	or on the weekend? Yes	No
Please attach a resume and/or biographical information. Please also answer these questions below.		
1) What other volunteer, charitable or civic work l	nave you been involved in?	
2) What talents or skills do you bring to the CASA	a/GAL Board?	
3) Describe the reason you are interested in servin	g on the CASA/GAL Board:	
Board Member nominating you for a seat on the CASA/GAL Board:		
I have received a copy of the CASA/GAL Board Member Responsibilities and I agree, if elected to the CASA/GAL Board, I will follow this policy to serve the CASA/GAL organization, purpose and mission.		
Please return this form and your resume or biography to CASA/GAL, 650 Dan Street, Akron, OH 44310. You may fax materials to Beth Cardina at (330)643-8682. Thank you for your interest in CASA/GAL.		
Signature	Date	