

Ashland Parenting Plus
Board Member Application

Name: _____

Work Address: _____

Work Phone: _____ Fax: _____

Work Hours: _____

Occupation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Work _____ or Home _____

Career Interests: _____

Personal affiliation and impression of Ashland Parenting Plus:

Would you be available for four APP board meetings and two interim committee meetings per year (these mtgs. are usually held at noon)? Yes No

Would you promote and progress the goal and functions of Ashland Parenting Plus?
 Yes No

Board meetings are mandatory; therefore if any board member is absent for more than two meetings per year their board membership status will be at risk.

Applicants Signature

Date