



**CRPF** | CORDOVA RECREATION  
& PARKS FOUNDATION

## Cordova Recreation & Parks Foundation Board of Directors Candidate Application

Appointments to the Cordova Recreation & Parks Foundation are made by the Board of Directors. Applications not acted upon will expire after one year from the date submitted unless renewed by the applicant. All applications are public record.

Please e-mail your completed application to [CRPF@crpd.com](mailto:CRPF@crpd.com).

### Applicant Information

First Name	Middle Name	Last Name
Street Address	City	Zip
Phone Number		Email Address
Cell          Home		
Present Employer	Occupation	Work Phone Number
Street Address	City	Zip
Preferred Method of Contact		Years Lived in the District
Cell   Home   Work   Email   Other:		

### Education

College, Professional, Vocational or Other	Major Subject	Degree

### Boards & Committees

Please list boards and committees that you serve on, or have served on such as business, civic, community, fraternal, political, professional, recreational, religious or social. Additional information may be attached.

Dates of Service	Name of Organization	Role/Title

## Experience & Qualifications

Briefly describe the personal qualifications you possess which you believe would be an asset to this Foundation. Additional information may be provided.	
Have you received any awards or honors that you would like to mention?	
Please list any previous volunteer experience.	
How do you feel the Foundation would benefit from your involvement on the Board?	
Please check all skills, experience and interests that apply.	
<input type="checkbox"/> Finance, Accounting <input type="checkbox"/> Nonprofit Experience <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Special Events <input type="checkbox"/> Outreach, Advocacy <input type="checkbox"/> Personnel/Human Resources <input type="checkbox"/> Community Service	<input type="checkbox"/> Public Relations, Communications <input type="checkbox"/> Grant Writing <input type="checkbox"/> Administration/Management <input type="checkbox"/> Policy Development <input type="checkbox"/> Education, Instruction <input type="checkbox"/> Fundraising <input type="checkbox"/> Other:
Please list any relevant personal or professional memberships affiliations you hold.	
Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the Foundation.	
Please tell us anything else you would like to share.	

I have sufficient time to devote to this responsibility and will attend the required meetings if I am appointed to fill a future vacancy. I hereby certify that all statements contained in this application are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date