

**DEKALB COUNTY CHILDREN'S ADVOCACY CENTER
BOARD OF DIRECTOR
APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** AL **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

OCCUPATION: _____

WORK NUMBER: _____

RESPONSIBILITIES OF A BOARD MEMBER: Attend monthly Board meetings. Attend committee meetings, if necessary, each month prior to regular board meetings. Volunteer for various fund raising events. Help to promote the Advocacy Centers mission. Provide Letters of Support for various grant opportunities. Become a supporting member of the CAC. The Board meets once a month, with the exception of the month of December, typically on the third Monday of the month at 5 pm. Meeting typically last around an hour. (You will be provided with a yearly schedule.)

WHY DO YOU WANT TO BE A PART OF THE DEKALB COUNTY CAC BOARD OF DIRECTORS?

WHAT QUALITIES CAN YOU BRING TO THE BOARD?

REFERENCES:

(1) _____ **PHONE:** _____
(2) _____ **PHONE:** _____
(3) _____ **PHONE:** _____

*Application is for DeKalb County, Ala. Residents only.

Mail To:

**DeKalb County CAC
P.O. Box 680173
Fort Payne, AL 35968**