



PO BOX 906, Pacifica CA 94044

Board of Directors

Application Form

Name _____

Address _____

City/State/Zip Code _____

Phone:

Home _____ Work _____ Cell _____

Email _____

Prior Board of Directors or Advisory Board Service/Non-Profit organization experience

Other forms of community service, leadership, volunteerism, or related experience

Computer experience _____

Other Special Interests/Skills _____

Personal Goals

Why are you interested in becoming a Kateri Tekakwitha Fund Board Member?

How do you feel that your participation on the Board will benefit the Kateri Tekakwitha Fund?

Applicants Signature _____ Date _____

For more information call: Kay Sweeney, Managing Director (650) 738 9551
