



FATHERHOOD COLLABORATIVE OF SAN MATEO COUNTY

Advisory Board Application Form

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Address _____ City _____

State _____ Zip Code _____

Email address _____

Best time and day, and preferred type of contact (i.e., phone or email) to reach you

(In answering the following questions, please attach extra sheets of paper as necessary).

1. Please attach your resume.
2. Why are you interested in joining the Advisory Board of the Fatherhood Collaborative?

3. Please list other past or current volunteer activities, including service on governing boards or boards of directors, with inclusive dates.

4. What specific contributions can you make to the Advisory Board?

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For Board Use
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_____ Nominee has had a personal meeting with the FC Director and the Board Chair, or other Board member.
Meeting Date _____

_____ Nominee reviewed by the Executive Committee.
Date of Review _____

_____ Nominee attended a Board meeting.
Date of Board Meeting _____

Action taken by the board: