



*Dedicated to Enhancing Communities by Creating Opportunities for Adults With Developmental Disabilities
Through an Innovative and Person Centered Approach*

Board of Directors Application

Last Name _____ First Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address _____

Home Address _____

City: _____ State: _____ Zip: _____

In which capacity do you wish to participate?

Board of Directors _____ Advisor _____ Ambassador _____

Relevant Experience and/or Employment:

Why are you interested in our organization?

Area(s) of Expertise/Contributions you feel you can make:

What other Boards have you served on/volunteer activities have you been involved with?

References (please include name and contact information):

Please submit by mail to:

FRIENDS of Broomfield, Inc.

11851 Saulsbury Street

Broomfield, CO 80020

Or email: **info@friendsofbroomfield.org**