THE ARCHWAY
KEARNEY, NEBRASKA

Board Member Expression of Interest Form

Contact Information

First and Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Work Phone _____

Email Address _____

Present and Past Community Volunteer Activities:

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Why Would You Like to Serve?

Please discuss specific interest, experience and qualification which would make you an effective board member.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an Archway Foundation Board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed) _____ Date _____

Signature _____ Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.