

**BOARD OF DIRECTORS / ADVISORY COUNCIL / VOLUNTEER
INTEREST FORM**

(Please circle appropriate area of interest)



Name _____ Address _____

Phone _____ Email _____

Please briefly describe your relevant education, experience or employment.
(Include both work and board related experience. Feel free to attach your resume)

What special skills or talents would you be able to offer CFSS?

What can CFSS do to ensure that your board member, advisory council or volunteer experience is satisfying?

Can you attend regularly scheduled meetings? _____

What are your special interests, hobbies, or passions?

Signature _____

Date _____

*Return to: CFSS, PO Box 243, Klamath Falls, OR 97601
Questions? Phone: 541-882-3198 Email: info@CitizensForSafeSchools.org*