



Offering Assistance, Subsistence, Information and Support, Incorporated
Application for Board of Directors

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ email address: _____

Occupation: _____ Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

Special Skills: _____

Particular interest in serving on this board: _____

What are your passions?: _____

Please check a committee of interest: Program: _____ Fund Raising: _____

Facilities: _____ Personnel: _____ Nominating: _____ Finance: _____

