



**SPINA BIFIDA ASSOCIATION
OF DELAWARE VALLEY**

APPLICATION FOR NOMINATION TO THE BOARD OF THE SBADV

Name: _____

Address: _____

Phone: (Home) _____

(Work) _____

What leadership or board positions have you held in various business, civic, volunteer, non-for-profit, fraternal, or church organizations?

Goals you'd like to see the SBADV reach during your term:

Why are you interested in serving on the SBADV board?

Board Committee(s) you would assist with:

- | | | |
|---|--|--|
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Governance | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Aid to Individuals | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> New Parent Outreach | <input type="checkbox"/> Adult Network |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Meeting/Holiday Party | |

Other Comments: Please use the back of this form for any more information about yourself that you'd like us to know.

Send this form to: SBADV
P.O. Box 859
Worcester, PA 19490