

**CORNERSTONE WELLNESS  
BOARD OF DIRECTORS APPLICATION FORM**

Effective 01/01/02

Date: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Business \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

How did you learn about Cornerstone Wellness? \_\_\_\_\_

What did you find interesting about our organization?

What talents or skills do you feel you can contribute to the Board?

Are you interested in?

Fundraising

Budget

Policy/ByLaws

Public Relations

Program Development

Professional Contacts:

Name \_\_\_\_\_ Association \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Association \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_