



Board Member Application

First Name: _____ Last Name: _____

Home Ph.: _____ E-Mail address: _____

How much time would you be able to volunteer per month?

- 1-2 hours
 3-5 hours
 6-10 hours
 More than 10 hours

Tell us a little bit about yourself.

Have you or your children ever participated in a JSANO course or workshop? Yes No
 If yes, which one(s)? _____

What other organizations have you worked with in the past? _____

What are some of your interests or hobbies? _____

What do you feel you can bring to JSANO? _____

Where would you like to see JSANO in the next 5 years? _____

Why is JSANO important to you? _____

What course(s) would you like to see JSANO running? _____

Applicant's Signature _____ Date _____

Office Use Only

Application Approved Yes No Date Reviewed: _____

Approved by: _____
Print Signature