



**Pharr Literacy Project, Inc.
Board Candidate Application**

General Information

First Name	Middle Name	Last Name	Date	
Company Name		Title/Occupation	Division/Department	
Business Address: _____				
Street	City	State	Zip	County
Business Phone: _____		FAX: _____	EMAIL: _____	
Ext. _____				
Home Address: _____				
Street	City	State	Zip	County
Home Telephone: _____		Work: _____	Cell: _____	EMAIL: _____
Preferred Mailing Address: Home <input type="checkbox"/>		Business <input type="checkbox"/>	Preferred EMAIL: Home <input type="checkbox"/>	
		Business <input type="checkbox"/>		
How did you hear about Pharr Literacy Project? _____				

Civic & Volunteer Service - Please list any involvement with civic, fraternal, professional and/or faith-based organizations.

Name of Affiliation	Period of Time Involved	Position/Capacity of Service



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Board Service – The following information will be used to assist the Board Matching Committee in finding an appropriate place to match your skills, interest and availability for board service.

Areas of Expertise & Service: Indicate with an X your professional or volunteer experience in the following areas.

Prof	Vol		Prof	Vol	
<input type="checkbox"/>	<input type="checkbox"/>	1. Planning	<input type="checkbox"/>	<input type="checkbox"/>	12. Community Organizing
<input type="checkbox"/>	<input type="checkbox"/>	2. Public Relations	<input type="checkbox"/>	<input type="checkbox"/>	13. Medicine/Health Care
<input type="checkbox"/>	<input type="checkbox"/>	3. Marketing	<input type="checkbox"/>	<input type="checkbox"/>	14. Government Relations
<input type="checkbox"/>	<input type="checkbox"/>	4. Administration	<input type="checkbox"/>	<input type="checkbox"/>	15. Education
<input type="checkbox"/>	<input type="checkbox"/>	5. Management	<input type="checkbox"/>	<input type="checkbox"/>	16. Banking/Finance
<input type="checkbox"/>	<input type="checkbox"/>	6. Volunteer Management	<input type="checkbox"/>	<input type="checkbox"/>	17. Law
<input type="checkbox"/>	<input type="checkbox"/>	7. Program Development	<input type="checkbox"/>	<input type="checkbox"/>	18. Research
<input type="checkbox"/>	<input type="checkbox"/>	8. Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>	19. Journalism
<input type="checkbox"/>	<input type="checkbox"/>	9. Philanthropy	<input type="checkbox"/>	<input type="checkbox"/>	20. Counseling
<input type="checkbox"/>	<input type="checkbox"/>	10. Civic Organizations	<input type="checkbox"/>	<input type="checkbox"/>	21. Arts/Design
<input type="checkbox"/>	<input type="checkbox"/>	11. Public Programs/Services	<input type="checkbox"/>	<input type="checkbox"/>	22. Other: Please Specify

Areas of Service Interest – Indicate your top three (3) areas of interest for board service. (Prioritize them with #1 being the highest interest.)

<input type="checkbox"/>	A. Arts & Culture	<input type="checkbox"/>	G. Senior Citizens
<input type="checkbox"/>	B. Education	<input type="checkbox"/>	H. Legal
<input type="checkbox"/>	C. Personal Development	<input type="checkbox"/>	I. Employment Training
<input type="checkbox"/>	D. Health & Human Services	<input type="checkbox"/>	J. Disabilities
<input type="checkbox"/>	E. Housing & Shelter	<input type="checkbox"/>	K. Faith Development
<input type="checkbox"/>	F. Youth Development	<input type="checkbox"/>	L. Other, Please specify:

Availability: Indicate with an X any times you would **NOT** be available for an agency board meeting.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning							
Noon							
Afternoon							
Evening							

Applicant Signature

Date