

**Plaza de la Raza Child Development Services, Inc.**  
**8337 Telegraph Road, Suite 300, Pico Rivera, CA 90660**  
**Phone (562) 776-1301 / Fax (562) 776-8712**  
**Application for Appointment to the Board of Directors**

Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

E-mail  
Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

**Your Background**

What education or skills could you contribute to our Board? (Please check those that apply):

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Accounting           | <input type="checkbox"/> Management | <input type="checkbox"/> Public Relations     |
| <input type="checkbox"/> Investment           | <input type="checkbox"/> Marketing  | <input type="checkbox"/> Knowledge of Service |
| <input type="checkbox"/> Fund Raiser          | <input type="checkbox"/> Education  | <input type="checkbox"/> Public Speaking      |
| <input type="checkbox"/> Community Relations  | <input type="checkbox"/> Planning   | <input type="checkbox"/> Team Player          |
| <input type="checkbox"/> Motivational Speaker | <input type="checkbox"/> Lobbying   | <input type="checkbox"/> Affiliations         |

Other (please explain): \_\_\_\_\_

What other boards have you served? \_\_\_\_\_

List charitable or community activities in which you have been involved:

\_\_\_\_\_  
\_\_\_\_\_

**Your Availability to Serve**

Could you regularly attend board meetings?     Yes     No    Conflicts? \_\_\_\_\_

How many hours per month, in addition to board meetings, could you serve this organization?  
\_\_\_\_\_

Would you attend a training session for new board members?     Yes     No

**You're Views On Our Organization (use the reverse side for additional comments)**

What is your interest in this organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a brief statement of your understanding of the mission of this organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References (list name, addresses and phone numbers)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_

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