



BOARD OF DIRECTORS APPLICATION

Please **print or type** applicable information and return to: Lakeland Children's Center, P.O. Box 712, Shrub Oak, NY 10588 Phone: (914) 528-8119 Fax: (914) 528-8296

Full Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: (Home) _____ (Business) _____

E-mail Address: _____ **Fax:** _____

Company Name and Address: _____

Description of your work or recent professional achievements:

Child(ren) enrolled in the Lakeland Central School District:

Name: _____	School: _____	Grade: _____	Attending LCC: Y/N
Name: _____	School: _____	Grade: _____	Attending LCC: Y/N
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Name: _____	School: _____	Grade: _____	Attending LCC: Y/N
Name: _____	School: _____	Grade: _____	Attending LCC: Y/N

Current and/or past involvement with an organized Board (include board name, level of involvement and dates):

Reference: One professional reference is required. Please submit with application.

Current and/or past community service activity (include activity, level of involvement and dates):

Areas of expertise you bring to the board:

<input type="checkbox"/>	Accounting/CPA	<input type="checkbox"/>	Marketing/Membership
<input type="checkbox"/>	Teaching/childcare	<input type="checkbox"/>	Legal
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Other:

Briefly explain why you are interested in serving on this board:

I would like to be nominated for the Board of Directors and would be able to attend the monthly meetings.

If not selected this year, keep me on the list for consideration for three (3) years.

Lakeland Children's Center requests this information for the purpose of facilitating the review process of candidates for the Lakeland Children's Center Board of Directors. No persons outside the Center are routinely provided this information.