**ADVISORY COUNCIL APPLICATION**

**Full Name:**

 *First Middle Last*

**Address:**

**Phone:** **Cell**:

**Email:**

**Areas of Expertise: (Please check all that apply**

\_\_\_\_\_ Fundraising/Fund Development \_\_\_\_\_ Advocacy

\_\_\_\_\_ Finance/Accounting \_\_\_\_\_ Organizational Development

\_\_\_\_\_ Public Relations/Marketing \_\_\_\_\_ Community Organizing

\_\_\_\_\_ Program Development and Evaluation \_\_\_\_\_ Other, please specify below

**Education/Professional Training:**

**Work Experience:**  (You may attach resume or cv)

**Organizational Membership/Affiliation(s):**

**Community Involvement:**

**Please provide brief answers to the following questions:**

1. Why do you want to serve on the TFCF Advisory Council?

2. What relevant professional or personal experience would you bring to the TFCF Advisory Council?

3. What is your vision for the TFCF Advisory Council and how will you achieve it?

**return via fax to: 909-886-0218**

**or email:** vperez@timeforchangefoundation.org

**Thank you.**