



TIME FOR CHANGE FOUNDATION
(501 C 3 Non Profit Organization)
BOARD OF DIRECTORS APPLICATION

Name: _____

Title: _____

Contact Information: _____
(Address)

(Telephone) (Cell) (E-mail)

Business Expertise: _____

Fundraising Expertise: _____

Years of Professional Experience: _____

Preferred areas of volunteering: _____

Key Knowledge Areas or Expertise: _____

What contribution, legacy or goal would you like to give to “ending homelessness amongst women and children?”

Signature: _____

Thank you for taking the time to apply for Time for Change Foundation Board.
Our committee will be contacting you shortly.