



# ROCORI Area Food Shelf (RAFS)

## Board Member Application

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment & Job Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Have you volunteered for any other non-profit agencies, service clubs or organizations?

Yes \_\_\_\_\_ No \_\_\_\_\_ : If yes, please list: \_\_\_\_\_

What special talents or professional skills would you like to share with RAFS? (Examples: public speaking, grant writing, fundraising, planned giving, computer skills, marketing, etc.)

Have you ever served as a volunteer for RAFS or another food shelf in any capacity? If "yes", please describe your duties:

Please include a statement as to why you want to join the board and why you think you would be a good board member for RAFS. Please use the other side, if necessary.

Please return to: ROCORI Area Food Shelf, 217 Main Street, Cold Spring, MN 56320