

**WIXOM COMMUNITY FOUNDATION
VOLUNTEER APPLICATION FORM**



Date:	
Name:	Address:
City:	Zip:
Home Phone:	Cell Phone:
E-Mail Address:	Over Age 18: <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	Employer:
Best time to reach you:	

BOARD OR COMMISSION APPOINTMENTS: Please check all areas you would be interested in:

Board of Directors Member:	
Governance Committee:	
Grants Committee:	
Finance Committee:	
Marketing / Public Relations:	
Strategic Planning:	
Other:	

EDUCATION AND/OR RELATED EXPERIENCE: _____

AREAS OF INTEREST / SKILL SET: _____

DESCRIBE WHY YOU ARE INTERESTED IN APPOINTMENT TO POSITION (s):

REFERENCES: (Optional) Include names, addresses and telephone numbers:

Signature

Date

How to submit application:

Mail: Wixom Community Foundation, P.O. Box 930753, Wixom, MI. 48393

Fax: 248-624-0653

Email: info@wixomcf.org

Questions:

248-560-1375

Office Use Only- Date Received _____