

APPLICATION FOR BOARD POSITION
Des Moines Legacy Foundation

Date: _____ Year: _____
Name: _____
Address: _____
City: _____ Zip: _____
Day Phone: _____ Evening: _____
Email: _____

Employer (past or present): _____
Job Responsibilities: _____

Please answer the following questions:

1. Why do you wish to serve on the board of the Des Moines Legacy Foundation? _____

2. What personal and professional strengths can you bring to the foundation? _____

3. Please list other organizations, boards, agencies you are affiliated with: _____

4. Please give an overview of your volunteer experience over the last five years _____

5. Please list two references that we may contact:
a. Name: _____ Day Phone: _____
b. Name _____ Day Phone: _____

Thank you for your interest in the Des Moines Legacy Foundation. We appreciate the time & effort in completing this application. Completed applications to Des Moines Legacy Foundation, 1000 S. 220th St., Des Moines WA, 98198 or email to Pthorell@desmoineswa.gov.