

# St. Lucie Disaster Recovery Coalition: Volunteer General Board Member Application

DATE OF APPLICATION:

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## CONTACT INFORMATION

Name:

Mailing Address:

Phone:

Email:

## INTEREST AND COMMITMENT

Why are you interested in serving on the board of this Long-Term Recovery Group?

What skills, expertise, or perspectives would you bring to the board?

Are you able to commit to regular responsibilities? ☐ Yes ☐ No

Are you able to commit to attending regular, annual, special, and emergency LTRG meetings? ☐ Yes ☐ No

Are you able to actively participate in the group's events, initiatives, and committees? ☐ Yes ☐ No

## APPLICANT SIGNATURE

By signing below, I affirm that the information provided is accurate and that I am willing to serve as a board member if selected. I understand the responsibilities associated with this role and commit to upholding the mission of the St. Lucie County Long-Term Recovery Group.

Name:

Signature:

Date:

## APPLICANT RESUME

Please turn in your complete application, alongside a copy of your most recent resume via email to the following address:

## FOR SELECTION COMMITTEE USE ONLY

Date Received:

Reviewed By:

Decision: ☐ Approved ☐ Not Approved