

**NETWORK
BROWN
COUNTY**



Bridging Brown County

Strengthening the Brown County community by bridging relationships of understanding and communication

Board of Director Application

Name_____

Home Address_____ City_____ Zip_____

Home Phone_____ Work Phone_____

E-Mail_____ Years living or working in Brown County_____

*Age_____ *Ethnic Background_____ *Sex_____

**Note: The answers to the above questions are optional. We are interested in them because one of the goals of the program is to have a diverse class with ethnic, gender and professional balance. All information is kept confidential.*

COMMUNITY/COUNTY INVOLVEMENT:

Please describe present or past involvement in community or county organizations, activities, volunteer work:

Organization	Position Held/Responsibilities
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OCCUPATION:

Place of employment_____

Mailing address_____

Position/Title_____

OTHER WORK EXPERIENCE/TRAINING:

