

Potential Board Member Questionnaire

Please Email to: [vjorn@tchsonline.org](mailto:vjorn@tchsonline.org) OR fax to 863-709-8923

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_  
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Email address: \_\_\_\_\_

Reason for interest in Tri-County Board of Director membership:

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Background:

Education history:

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Work History:

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Other Community Activities:

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What do you identify as your strengths that will benefit the Agency?

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