

Operation Support Our Troops-America
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630-971-1150

Board of Directors Candidate Application

Date _____

Name _____
First _____ MI _____ Last _____ Familiar name _____

Residence

Address _____
Home Phone _____ E-mail _____
Mobile Phone: _____

Employer

Name _____
Your title _____
Address _____
Phone _____ E-mail _____
Type of business or organization _____
Primary service(s) and area/population served _____

Preferred method of contact () Work () Mobile () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel Operation Support Our Troops-America would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

Finance, accounting
Personnel, human resources
Administration, management
Nonprofit experience
Community service
Policy development
Program evaluation
Public relations, communications

Education, instruction
Special events
Grant writing
Fundraising
Outreach, advocacy
Other _____
Other _____
Other _____

Please tell us anything else you'd like to share.

Thank you for applying.