

Southern Colorado AIDS Project

Board of Directors Membership Application

Name: _____

Address: _____

Phone: (H) _____

(W) _____

FAX: _____

email: _____

Date of birth: _____

Principal occupation/work experience and educational background:

Volunteer/board experience:

Reason for interest in S-CAP Board membership:



Committee/Volunteer team interest (please check all that apply):

Committees/Coalitions

- Board leadership
- Client services
- Finance/risk management
- Fund development
- Prevention Coalition
- Public relations
- Strategic planning
- Interfaith Coalition
- Volunteer leadership

Volunteer Teams

- Bulk mail
- Food bank
- Newsletter/communication
- Office assistance
- Speakers bureau
- Special events (in-house or fundraising)
- Transportation

- Southern Colorado AIDS Consortium

forward to:

S-CAP
Board Leadership Committee
1301 South Eighth Street, Suite 200
Colorado Springs, CO 80906

or FAX to:

719-578-8690

Thank you for your interest in the Southern Colorado AIDS Project.