



EL DORADO COUNTY FIRE SAFE COUNCIL

4. Application for Board Membership

Name: _____

Contact Information:

Email: _____ Phone: (H) _____ (M) _____

Address: _____

Associate Council Association (if any): _____

Why do you want to be on the EDCFSC board? _____

Do you have any special skills or qualifications that will enable you to contribute to the council's success?

Board participation extends to more than just attending monthly board meetings. Committee assignments, special projects and other board activities can require 5-10 hours per month. Are you prepared to make a commitment of the time required to be an effective board member? _____

Which committees do you want to be assigned to? _____

Would you like to be an officer of the board? _____ Which office? _____

The El Dorado County Fire Safe Council is a nonprofit 501(c)(3) corporation and relies on donations and fundraising activities to partially cover operating expenses. Are you willing to actively participate in fundraising activities? _____

Signature: _____ Date: _____

Please attach a short biography or resume along with any other relevant information.

Approved by the board: _____ Date: _____