



VOLUNTEER
CENTER
OF LUBBOCK

COMMUNITY BOARD BANK INFORMATION SHEET

The Volunteer Center of Lubbock helps empower nonprofit organizations by connecting them with potential board candidates. The Volunteer Center acts only as a referral agency and cannot place or appoint people to boards. Registering for the Board Bank does not obligate an individual to accept any board position, nor does a referral guarantee an appointment to a board. Acceptance of a nomination to a board is by mutual agreement of the individual and the agency. For more information, contact the Volunteer Center at (806) 747-0551 or ewooley@volunteerlubbock.org

Name: _____
(Last, First, MI) *(Nickname)*

Home Address: _____ City/Zip: _____

Home Email: _____

Home Phone: _____ Cell Phone: _____

Is your home mailing address your preferred address? **Yes** **No**

Is your home email address your preferred email address? **Yes** **No**

Resident of Lubbock _____ years Registered voter? Yes No

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Occupation: _____

Business Name: _____

Business Address: _____ City/Zip: _____

Business Email: _____

Business Phone: _____ Fax: _____

Is your business mailing address your preferred address? Yes No

Is your business email address your preferred email address? Yes No

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Demographic Information

(Please answer the following questions to enable local nonprofit organizations and the Volunteer Center of Lubbock to maintain balance and equal representation on boards and committees.)

Ethnic Background: Anglo Hispanic African American Other _____

Gender: Male Female

Age: 18-29 30-39 40-49 50-59 60+

Please list any experience (including board service or involvement in other civic or community organization), education or interest that would qualify you to serve on a nonprofit board or committee.

Do you know of any reason you might have a conflict of interest as a result of your service on a nonprofit board or committee? Yes No
If you circled yes, please explain:

Personal and Professional References: (Please give names and phone numbers)

1. _____
2. _____
3. _____

AREAS OF INTEREST

| | | |
|-----------------------------|-------------------------------|-----------------------------|
| Aging/Elderly | | Mental Retardation |
| AIDS | Education | Museum |
| Alcohol/Drug/Substance | Emergency/Disaster Assistance | Music/Symphony |
| Abuse | Employment/Job Training | Physically Handicapped |
| Animals | Environment | Sexual Abuse |
| Arts - Visual | Family Services | Sports/Recreation |
| Business/Financial Training | Health | Suicide/Crisis Intervention |
| Child Abuse | Homelessness | Theater/Dramatic Arts |
| Child Care | Hospice/Terminally Ill | Volunteerism |
| Civic Engagement | Hunger | Women's Issues |
| Crime Prevention | Illiteracy | Youth/Teen |
| Dance | Legal Assistance | Other (please describe) |
| Domestic Violence | Mental Health | _____ |

CF; 5B ~~N5H~~ CB GOF INTEREST

1. _____
2. _____
3. _____

Your signature: _____

Date: _____