

**VOLUNTEER APPLICATION FORM
CEDA GOVERNING BOARD OF DIRECTORS**

Contact Information

Name: _____

Preferred Contact #: _____ Home/Work/Cell

Email address: _____

Employer

Employer Name: _____

Job Title: _____

Org./Business Type: _____

Services Provided: _____

Education/Affiliations/Trainings/Certificates

Please mark your areas of expertise

Administration, Management

Grant Writing

Early Childhood Education

HR, Personnel

Finance, Accounting

IT

Fundraising

Legal

Government Affairs

PR/Marketing/Communications

Other: _____

Other: _____

Why are you interested in becoming a Board Member of CEDA?

What do you feel you can contribute to CEDA as a Board Member?

How many hours per month are you available to volunteer?

Other Volunteer Commitments

Please list all other boards/committees on which you currently serve or have previously served:

Organization	Role	Dates of Service
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Other Comments/Attach Resume/Bio:

Signature: _____

Date: _____

Please return application by mail to:
CEDA
Attn: Nominating & Rules Committee
567 W. Lake St., suite 1200
Chicago, IL 60661