

# WCAF Board of Directors Application

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**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
                    First                                    MI                                    Last

**Residence**

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**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      (  ) Residence

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

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

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## Education/Training/Certificates

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

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How do you feel West Coast AIDS Foundation would benefit from your involvement on the Board?

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**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 list any groups, organizations or businesses that you could serve as a liaison to on behalf of The West Coast AIDS Foundation.

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Demographics: (For our Board requirements there are some demographics that we have to meet)

Race: \_\_\_\_\_ Are you a Person Living with HIV/AIDS: \_\_\_\_\_

Do you have a disability: \_\_\_\_\_

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

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**Thank you very much for applying**

**All Applications are reviewed by the current Board Members. Decisions about Board Member approval are made at the next Board Meeting. The Board meets quarterly on the first Monday of the month. If you have questions about your application please contact Brandi Geoit at 727-375-8664. Please return all**

**applications to:**

**West Coast AIDS Foundation  
7624 Congress St  
New Port Richey FL 34655**