

TIME FOR CHANGE FOUNDATION
(501 C 3 Non Profit Organization)

BOARD OF DIRECTORS APPLICATION

Name: _____

Title: _____

Contact Information: _____
(Address)

(Telephone)

(Cell)

(E-mail)

Employer: _____

Years of Professional Experience: _____

Years of Board Member Experience: _____

Key Knowledge Areas or Expertise: _____

What contribution, legacy or goal would you like to give to “ending homelessness amongst women and children in the Inland Empire?”

Signature: _____

**Thank you for taking the time to apply for Time for Change Foundation Board.
Our committee will be contacting you shortly.**