



UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA
2006 BOARD MEMBER APPLICATION



Name: _____ Home Phone # _____

Home Address: _____

Place of Employment & Address: _____

Job Title: _____ Business Phone # _____

Fax #: _____ E-Mail Address: _____

Mail should be sent to which address? Home _____; Business _____; Birthday: Mo. ___ Day ___

Have you volunteered for any other non-profit agencies or organizations?

Yes _____ No _____: If yes, please list the organizations: _____

Are there any special talents or professional skills you would like to share with our agency?
i.e., speaking, grant writing, fundraising, planned giving, computer skills, medical knowledge,
parenting skills, etc. _____

Educational Background: _____

Other affiliations with individuals, corporations, and foundations: _____

Have you ever served as a volunteer for U.C.P. in any capacity? _____

Please include a statement as to why you think you would be a good board member for United
Cerebral Palsy. Please use the other side, if necessary. _____

Please return by 8/1 to: Nominating Committee, UCP-CM
510 - 25th Avenue North
St. Cloud, MN 56303-3255
Telephone: (320) 253-0765
Fax: (612) 253-6753; E-mail: judy@ucpcentralmn.org