



BOARD OF DIRECTORS APPLICATION

Please mail to:
 PRO
 P.O. Box 301145
 Portland, OR 97294

Or email to:
 providerresource@gmail.com

PERSON INFORMATION

First Name _____ MI _____ Last Name _____
 Mailing Address _____
 City _____ State _____ Zip code _____ County _____
 Business Name (if any) _____
 Business Address (if different from above) _____
 City _____ State _____ Zip code _____ County _____
 Occupation _____
 Home Phone _____ Business Phone (if different) _____
 Cell Phone _____ Fax _____
 Email _____

EDUCATION

Schools attended, including High School. A current resume may be submitted for this section.

<i>School</i>	<i>City/State</i>	<i>Degree</i>	<i>Dates</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT AND EXPERIENCE

List all major paid employment and significant volunteer activities. Please list chronologically beginning with most recent experience. A current resume may be submitted for this section.

<i>Employer/Organization</i>	<i>City/State</i>	<i>Title/Position</i>	<i>Dates</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

