



Hertford-Northampton Smart Start PFC

Date Received: _____

BOARD AND COMMITTEES APPLICATION

Note: All information on this document will be released to the public on request

APPLICANT'S INFORMATION

Name:
Home Phone: Work Phone: Cell Phone:
Home address:
City: State: ZIP Code:
Mailing Address (if different):
City: State: ZIP Code:
Email Address:
Are you a full-time resident of Herford or Northampton County? Yes ___ No ___ Which County? How Long?

EMPLOYMENT INFORMATION

Current employer:
Employer address: How long?
Phone: E-mail: Fax:
City: State: ZIP Code:

GENERAL INFORMATION

How did you hear of Smart Start Board/Committees?
Specify any Board/Committee on which you serve(d): How Long?
Are you interested in the Board or Committee(s) Specify:
Based on your selection, briefly list any qualifications or experiences that would be beneficial for selected category:
Other information you find pertinent (if necessary, you may add additional pages):

REFERENCES

Name: Phone:
Name: Phone:

APPLICANT'S SIGNATURE

I authorize the verification of the information provided on this form as to my credentials.
Signature of applicant: Date:

Return to:
Hertford-Northampton Smart Start Partnership for Children, Inc.
711 East Vance Street, P.O. Box 504
Murfreesboro, NC 27855