



BOARD OF DIRECTORS APPLICATION

BACKGROUND

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

CURRENT EMPLOYER -or- RETIRED FROM: _____

POSITION/TITLE _____

WORK ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ FAX _____

PREFERRED EMAIL _____

DESCRIPTION OF YOUR WORK OR RECENT ACCOMPLISHMENTS:

NCCC AFFILIATION

ALUMNUS/ALUMNA; Year Graduated: _____ Major: _____

CURRENT EMPLOYEE; Position: _____

RETIREE; Position at NCCC: _____

VOLUNTEER; Position(s): _____

DEGREES FROM OTHER INSTITUTIONS

DEGREE: _____ Year: _____

DEGREE: _____ Year: _____

DEGREE: _____ Year: _____

DEGREE: _____ Year: _____

AREAS OF EXPERTISE (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Education | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Government |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Business Owner |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Other: _____ |

COMMUNITY INVOLVEMENT

ORGANIZATION NAME	POSITION	DATES OF INVOLVEMENT

Please return to:

**NCCC Foundation, Inc.
 3111 Saunders Settlement Road
 Sanborn, NY 14132
 Email: foundation@niagaracc.suny.edu
 FAX: (716) 614-5913**