



www.chesapeakeyouthfoundation.com

Date _____

Name _____
First MI Last Familiar name

Residence
Address _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Preferred method of
contact () Work () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills, experience and interests (Please circle all that apply) Finance, accounting

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications, marketing

Special events

Grant writing

Fundraising

Outreach, advocacy

Other _____

Please tell us anything else you'd like to share:

Please return the application to:

Mary R. Riley

Executive Director

Chesapeake Youth Foundation

301 Albemarle Drive

Chesapeake, VA 23322

757-382-8184

mriley@cityofchesapeake.net

www.chesapeakeyouthfoundation.com

Thank you for your interest. The Board of Directors of the Foundation look forward to working with you and gaining your expertise.

