

Board of Directors Membership Application Form

Important information such as your Social Security number, D.O.B & Physical Home Address will be requested per requirement of Medicaid background screening and criminal history. Such information will be requested for Board membership once per year.

Full Name of Prospective Board Member:

Current Title/Organization:

Home/Work Address:

Telephone Number

E-mail Address:

Do you have any past experience as a board member? Yes No

(If yes, please describe your experience)

Please provide any other volunteer experience that you may have:

Are you related to a current Board Member or employee of SMCN? Yes No

(If so, specify the relationship: parent, child, spouse, etc.)

You may attach a resume to this form or attach another sheet for your responses.

***Thank you for your interest in becoming a board Member for
Southern Maryland Community Network, Inc.***