Kevin's Community CENTER

Medical Outreach Program

# Board Member Application

## Applicant Information

Full Name: _____ Date: _____

*Last* *First* *M.I.*

Address: _____

*Street Address* *Apartment/Unit #*

_____

*City* *State* *ZIP Code*

Phone: _____ Email _____

## Business

Employer: _____ Address: _____

Position _____

## Community Leadership

Organization: _____

Position: _____

Organization: _____

Position: _____

## BIO: ie Personal and Professional Background

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