



Potential Board Member Questionnaire

Please submit completed and signed questionnaire by **May 1** to:

Executive Director- Amy Stuursma
East Grand Rapids Schools Foundation
2915 Hall Street SE
East Grand Rapids, MI 49506

Or Fax to: 235-6730

Name: _____
(first) (middle) (last)

Home Address: _____
(street)

Home Telephone: _____ (city) _____ (state) _____ (zip)
E-mail Address: _____

High School Attended: _____

Post-Secondary Institutions Attended:

(name) (degree/major area of study) (date received)

Current Occupation: _____ Work Phone # _____

Previous Occupation:

Ages of children and name of school(s) they attend: _____

Governing Board Experience (government, business, education, church, non-profit) and Offices held:
(organization) (position held) (dates of service) (name of chair during service)

1. _____
2. _____
3. _____
4. _____

Please attach a description of those talents, skills and abilities you might bring to the Board of Directors.