



CEF Board of Directors Application

Contact Information

Name (First, MI, Last)	
Street Address	
City, State, Zip	
Preferred Phone (indicate type)	
Alternate Phone (indicate type)	
E-Mail Address (preferred)	
Occupation/ Employer	
Children in Carmel Schools? (If yes, list schools & grades)	

Current Volunteer Opportunities - CEF Committees

Please indicate which committee(s) interest you:

<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Fundraising/Development Committee
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Scholarship Committee
<input type="checkbox"/> Governance Committee	<input type="checkbox"/> Grants Committee
<input type="checkbox"/> Ghosts and Goblins 5K/2K	<input type="checkbox"/> Marketing/Community Relations Committee

Other area:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Preferred Phone (indicate type)	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us.
To send the completed application and/or make inquiries:

Carmel Education Foundation
515 East Main Street Suite 124
Carmel, Indiana 46032
317-844-9961 ext.2680

foundation@ccs.k12.in.us