



# Western Oklahoma Family Care Center, Inc.

A Faith-based center serving families in Western Oklahoma

609 W. Ave E., Elk City, Oklahoma 73644

P: 580-225-5500 F: 580-303-4321

A 501 (c) 3 Non-Profit Organization

## Board of Directors Application

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMPLOYER \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Why would you like to be a board member for WOFCC?

\_\_\_\_\_  
\_\_\_\_\_

How would WOFCC benefit from your involvement on the board of directors?

\_\_\_\_\_  
\_\_\_\_\_

Other groups/organization/boards you are a member.

ORGANIZATION

ROLE/TITLE

ORGANIZATION	ROLE/TITLE

How much time and effort are you able to commit to fundraising and community events, board meetings, and advocating for WOFCC to the community?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE