

MEMBER APPLICATION

Date:			
Name:			
Residence: Address Phone E-mail			
Employer: Company Title/Position Address Phone E-mail Type of business or organization: Primary service(s) and area/population served:			
Please list board	o) and area/population served.	n, or have served on (business, civic, c	
Organization	Role/Title	Dates of Service	
Please let us kn	now where you received your edu	cation/training/certificates	
How do you fee	el HCYP would benefit from your	involvement with the group?	

Continued...

Skills, experience and interests (Please	1 1 2 /
Finance, accounting	Education, instruction
Personnel, human resources	Special events
Administration, management	Grant writing
Nonprofit experience	Fundraising
Community service	Outreach, advocacy
Public relations, communications	Other
Photography	Other
Please list any groups, organizations or bus	sinesses that you could serve as a liaison to on behalf of HCYP.
Please tell us anything else you'd like to sha	are.
Professional) events, photography and vide consent to photography and video recording news, promotional purposes, advertising, in Services (HCS). You release HCS, its affilia	ng Heritage Christian Services (and Heritage Christian Young to recording may occur. By entering the event premises, you g and its/their release, publication or reproduction to be used for clusion on websites, or any other purpose by Heritage Christian ates, officers, employees, and each and all persons involved recording, digitizing, or publication of photographs, computer
Signature:	Date:
Thank you very much for your interest. \	ou'll hear from us soon!
Please send your completed form to Jillian (Email: icarter@heritagechristianse Fax: (585) 340-2076	•

Attn: Jillian Carter 349 West Commercial Street, Suite 2795

East Rochester NY 14445

Heritage Christian Services

Mail: