



**New Mexico Parkinson's Disease Coalition
Board of Director's Application**

Name: _____

Address _____

City: State: Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Personal Information:

Birthday: _____ Spouse/Partner's Name: _____

Professional Experience: _____

Interests/Hobbies: _____

Recent Volunteer/Board Activities: _____

YOUR AVAILABILITY TO SERVE:

Could you regularly attend monthly board meetings? yes no

Could you actively participate with a standing committee? yes no

Would you contribute financial support to NMPDC yes no

Would you participate in raising funds? yes no

Would you participate in recruiting new members for NMPDC? yes no

How much time can you give to NMPDC? _____ Hours/month

What skills could you contribute to our board? (Please check, list others & give details.)

____ Accounting ____ Public Relations

____ Programs

____ Events

____ Management

____ Marketing

____ Fundraising/Awareness

____ Information technology

My personal goals to help NMPDC meet its mission are:

REFERENCES: Please provide two (2) references (list names, addresses, email address and phone numbers).

RESUME: Attach your personal resume to this application.

Signature of Applicant _____ Date _____