Board Application - Southeast Colorado Cancer Initiative (SECCI)

1. **Name**:_____
   (First) (Last)

2. **Address**:_____
   (Street and Number)

   _____
   (City) (State) (Zip Code)

3. **Mobile #**:_____

4. **Email Address**:_____

5. **Occupation**:_____

6. **Education Background**:_____

7. **Is there any information (experience, community activities, organizations, etc.) which you think should be considered for your appointment to the SECCI Board?**

   _____

   _____

   _____

8. **Why do you desire to serve on this Board?**

   _____

   _____

   _____

9. **Briefly describe how you might benefit the community if you were selected to serve on this Board?**

   _____

   _____

   _____

SIGNATURE:_____ **DATE**:_____

BOARD APPROVAL:_____ **DATE**:_____