

SCHOOL BOARD INTEREST FORM

INSTRUCTIONS: Please complete this form, and along with a copy of your resume, return to info@athlosstcloud.org.

PERSONAL INFO	ORMATION				
No. of First MIN		Q III DI		DI	
Name (Last, First, MI)		Cell Phone		Home Phone	
Email	Address	City	State	Zip	
What board committee wo	uld you be most interested in s	erving on?			
Governance	Finance				
Why are you interested in	joining the Governing Board of	Athlos Academy of St. Cloud	?		
Time are year merceded in	jenning and deventing beard of	The most road only of the croad			
What about the Athlos Aca	demy of St. Cloud Mission and	I Vision most appeals to you?			
Please describe relevant e	experience and/or employment:				



Please describe areas	of expertise/contributions	you feel that you can make to Athlos Acad	emy of St. Cloud:
Please describe other p	ast or current volunteer c	ommitments:	
REFERENCES			
KLI LKLNOLS			
Name		Relationship	
Dhana	il		
Phone	Email		
Name		Relationship	
Name		Relationship	
Phone	Email		
Name		Relationship	
Phone	Email		
Signature		Name	Date