



6100 Radio Station Road, P.O. Box 2924, La Plata, MD 20646
301-609-9887 301-884-0767 • 301-373-3276

BOARD OF DIRECTORS PROFILE FORM

Please tell us about yourself:

Name: _____

Address: _____

Date of Birth: _____ Social Security No. _____

(Due to COMAR regulations-see job description)

Telephone: (W) _____ (H) _____

(C) _____ (F) _____

E-mail: _____

Employer: _____

Title/Position: _____

Work Address: _____

Time @ Present Employment: _____

Assistant's Name: _____



Education/Training: _____

Board of Director Experience (Please include name of organization & date): _____

Other Community/Service Organization Affiliations:

Family Background (i.e., marital status, spouse's name, children's names & ages):

As a Board Member, how do you believe you can best serve the Center for Children?

Please give your reasons for your interest in serving on the CFC Board:

What are your hobbies or leisure time activities?

Which days and times are best for you to attend meetings?





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**DUE TO THE NATURE OF THE WORK OF THE CENTER FOR CHILDREN,
INC., A CRIMINAL BACKGROUND CHECK MAY BE CONDUCTED TO
ENSURE THE SAFETY OF THE CHILDREN WE SERVE. DO YOU
CONSENT TO SUCH AN INVESTIGATION?**

YES _____

NO _____

NAME: _____

SIGNATURE: _____

DATE: _____