



**Cornerstone
Community Housing**
HOPE • HELP • HOME

1400 E. Lombard Street
Baltimore, Maryland 21231
410-522-0225 Fax: 410-522-3744
sheila@cchbaltimore.org

BOARD OF DIRECTORS APPLICATION

Name _____ Phone _____

Address _____

Employer _____ Job Title _____

E-mail _____ Work Phone _____

Experience and/or Employment (attach a resume if relevant)

Why are you interested in our organization?

Area(s) of expertise/Contribution you feel you can make

Other volunteer commitments _____

For Board Use

- ____ Nominee has had a personal meeting with either executive director, board chair or other board member. Date _____
- ____ Nominee reviewed by the committee. Date _____
- ____ Nominee attended a board meeting. Date _____
- ____ Nominee interviewed by the board. Date _____

Action taken by the board _____