Board Member Worksheet

Organization Name:	
Program Name:	

Complete list of organization's current Board or governing members (officers identified). Information must include name, address, office held, term of office, compensation, profession, qualification, race, gender, ethnicity, and homeless/formerly homeless status.

Mr./Ms.:		**First Name:**		**Last Name:**	
Office Held:		**Term of Office:**		**Compensation:**	
Profession:			**Qualification:**		
Race:		**Gender:**		**Ethnicity:**	
Address: Enter address here…					

Mr./Ms.:		**First Name:**		**Last Name:**	
Office Held:		**Term of Office:**		**Compensation:**	
Profession:			**Qualification:**		
Race:		**Gender:**		**Ethnicity:**	
Address: Enter address here…					

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Office Held:		**Term of Office:**		**Compensation:**	
Profession:			**Qualification:**		
Race:		**Gender:**		**Ethnicity:**	
Address: Enter address here…					

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Office Held:		**Term of Office:**		**Compensation:**	
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Address: Enter address here…					

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Mr./Ms.:		First Name:		Last Name:	
Office Held:		Term of Office:		Compensation:	
Profession:			Qualification:		
Race:		Gender:		Ethnicity:	
Address:	Enter address here…				
Homeless/Formerly Homeless?	Yes: ☐ No: ☐				

Mr./Ms.:		First Name:		Last Name:	
Office Held:		Term of Office:		Compensation:	
Profession:			Qualification:		
Race:		Gender:		Ethnicity:	
Address:	Enter address here…				
Homeless/Formerly Homeless?	Yes: ☐ No: ☐				

Mr./Ms.:		First Name:		Last Name:	
Office Held:		Term of Office:		Compensation:	
Profession:			Qualification:		
Race:		Gender:		Ethnicity:	
Address:	Enter address here…				
Homeless/Formerly Homeless?	Yes: ☐ No: ☐				

Mr./Ms.:		First Name:		Last Name:	
Office Held:		Term of Office:		Compensation:	
Profession:			Qualification:		
Race:		Gender:		Ethnicity:	
Address:	Enter address here…				
Homeless/Formerly Homeless?	Yes: ☐ No: ☐				

Mr./Ms.:		First Name:		Last Name:	
Office Held:		Term of Office:		Compensation:	
Profession:			Qualification:		
Race:		Gender:		Ethnicity:	
Address:	Enter address here…				
Homeless/Formerly Homeless?	Yes: ☐ No: ☐				

Mr./Ms.:		First Name:		Last Name:	
Office Held:		Term of Office:		Compensation:	
Profession:			Qualification:		
Race:		Gender:		Ethnicity:	
Address:	Enter address here…				
Homeless/Formerly Homeless?	Yes: ☐ No: ☐				