

RSVP of Spokane County

1126 N. Monroe
Spokane, WA 99201
(509) 344-7787
rsvp@ymcainw.org



RSVP

Lead With Experience

Advisory Council Membership Application

Name: _____

Home Address: _____

Home Ph #: (land line) _____ (cell) _____

Business Address: _____

Business Ph #: (land line) _____ (cell) _____

E-Mail: (home) _____ (work) _____

Age Range: (circle one) under 30 30-54 55-64 65+

Ethnicity: (circle one) White Black Hispanic Asian/Pacific Islander
 American Indian Other

Current/Past Employer: _____

Work Experience:

(Please circle &
Describe below)

Business
Clergy
Education

Government
Non-Profit Management
Professions

Special Skills:

(Please circle)

Administration
Advertising
Board Leadership
Budget/Finance
Business

Community Contacts
Fund Raising
Legal
Marketing
Planning

Programmatic
Public Relations
Services
Social Work
Volunteer Mgmt.

(Others) _____

Hobbies/Special Interests:

Civic Involvements (current/past):

Leadership Experience:

Organization	Office Held	Committees
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What do you hope to contribute as an Advisory Council member?

What do you wish to gain as a result of your work with the Advisory Council?

Signature: _____

Date: _____