

Bryte and Broderick Community Action Network (BBCAN)

Board of Directors Candidate Application

BBCAN referral:				
Date				
Name				
First	MI	Last	Familiar name	
Residence Address				
Employer Name Your title				
Address				
Type of busine	ss or organization			
Please list be	oards and comn		ve on, or have served on sional, recreational, religious,	
Organization		Role/Title	Dates of Service	
	ning/Certificates			
Optional Have you recei	ived any awards o	r honors that you'd like	e to mention?	

www.bryteandbroderick.org

fax: 916-617-2288 info@BryteandBroderick.org

Skills, experience and interests (Please circle all that apply)				
	Education, instruction Special events Grant writing Fundraising Outreach, advocacy Other Other Other Other businesses that you could serve as a liaison			
on behalf of BBCAN.				

Thank you very much for applying

return application to

fax: 916-617-2288

info@BryteandBroderick.org