

Fargo All City Youth Hockey
Board Member Candidate Background Information
Date: _____

Full Name: _____

Home Address: _____

City, State, Zip: _____

Work Address: _____

City, State, Zip: _____

Job Title/Responsibilities: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-Mail Address(es): _____

Date of Birth: _____

Spouse's Name: _____

Age levels of Child(ren) playing hockey and organization(s), if any: _____

What are your top three goals for Fargo All City Hockey:

1) _____

2) _____

3) _____

How will you use your skills, knowledge and abilities to further Fargo All City Youth Hockey goals and those you have for the organization: _____

Please attach a copy of your current resume to this document. If you do not have a resume, please list your previous employment; skills, knowledge and abilities pertaining to board service; and other community organizations you have served in the past or continue to serve on. _____

