

Cedar Riverside Neighborhood Revitalization Program

Board Member Application Form

Name _____ Date _____ Phone _____

Address _____

Email _____

Neighborhood Representation (circle all that apply):

Seven Corners

Cedars Area

Cedar East

Business or Corporation _____

Riverside Park

Student (Accredited Institution) _____

Riverside Plaza

Small non-homesteaded property _____

Relevant 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

CERTIFICATION OF APPLICANT

I certify that all the information given above is true and correct, and I understand that my membership in and seat on the board of CRNRP will be terminated if I am found to have made any materially false or incomplete statements in this document. I authorize verification of the information provided in this document from any source including current and previous landlords, residences, places of business, employers and personal references as the board or the executive members of the organization may deem necessary to safeguard the integrity and transparency of the organization.

Signature _____