



# ADVISORY COUNCIL APPLICATION



**Full Name:** \_\_\_\_\_  
*First Middle Last*

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Areas of Expertise: (Please check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising/Fund Development       | <input type="checkbox"/> Advocacy                    |
| <input type="checkbox"/> Finance/Accounting                 | <input type="checkbox"/> Organizational Development  |
| <input type="checkbox"/> Public Relations/Marketing         | <input type="checkbox"/> Community Organizing        |
| <input type="checkbox"/> Program Development and Evaluation | <input type="checkbox"/> Other, please specify below |

**Education/Professional Training:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience:** (You may attach resume or cv) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organizational Membership/Affiliation(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Involvement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide brief answers to the following questions:**

1. Why do you want to serve on the I.E.S.O Advisory Council? \_\_\_\_\_

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2. What relevant professional or personal experience would you bring to the I.E.S.O. Advisory Council?

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3. What is your vision for the I.E.S.O. Advisory Council and how will you achieve it?

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**FOR MORE INFO CALL: 951-823-0175**  
**RETURN VIA FAX TO: 951-289-9222**  
**OR EMAIL: [DRBOBBY@RIVERSIDECOUNTYBCC.ORG](mailto:DRBOBBY@RIVERSIDECOUNTYBCC.ORG)**  
**THANK YOU.**