



Interested Board Member Bio Sheet

Name: _____ Grad year: _____

College Major: _____

Current Occupation/Trade: _____

Company: _____

Phone Number: C: _____ H: _____

Email address: _____

Street Address: _____

City/state/zip: _____

If you become a board member, you will be expected to do/perform the following:

- Attend quarterly meetings
- Participate in alumni and university activities
- Be an upstanding citizen and member of your community
- Be willing to volunteer personal time on weekends, after work hours, and other times as needed
- Help the alumni board achieve its mission through helping with recruitment, alumni engagement, financial support and outreach

Becoming part of the WOU Alumni Board is a rewarding and fun experience. We have a great group of people who care about the university and the mission of the alumni. We are a culmination of different types of people and personalities and we work together well to create meaningful, financially responsible, multi-purpose events and activities with the intention to engage alumni and build strong alumni networks. The work that we do takes the efforts of many different people to be successful so board members and volunteers play a crucial role in our success. We need people who are loyal to the university, committed to the alumni mission and have creative ideas and plans. If you join us you will have a lot of fun, meet alumni from all different eras and become part of a great group of people. Please answer the questions below, sign the form at the bottom and return it.

Why do you want to join the WOU Alumni Board of Directors?

What do you feel are your greatest strengths (pertaining to board and committee participation)?

What is your best memory from your time at OCE/WOSC/WOU?

How can the Board of Directors help you achieve your future goals?

Do you have ideas for events, fundraisers, community outreach, etc.?

Please sign below after completing this form to acknowledge that you understand your duties and the expectations lined out in this form.

Name: (printed) _____ **Name:** (Signed) _____

Date: _____

** Return this form to Emily Lafon at Lafone@wou.edu or 345 N. Monmouth Ave. Monmouth, OR 97361