

BOARD OF DIRECTORS APPLICATION
DADS ASSOCIATION at the UNIVERSITY OF ILLINOIS

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____ County: _____

Phone Number: _____ Email Address: _____

Your Student 1 Name: _____ Graduation Date: _____

Your Student 2 Name: _____ Graduation Date: _____

Please use the space below to tell us something about yourself as well as what experience and skills you can bring to the board. You may include your prior participation in any past Dads Association programs and events:

I am interested in the following areas:

- Dads Weekend
- Communications
- Finance
- Membership
- Philanthropy
- 5K Fun Run
- Website
- Other: _____

Please email this completed form and a resume if available to: president@illinidads.com