



FLORENCE SENIOR CENTER

PO Box 2047
1570 Kingwood
Florence, Oregon 97439

Phone: (541) 997-8844
Website: florenceseniorcenter.org
Email: seniorcenter@oregonfast.net

BOARD MEMBER APPLICATION

NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL: _____

Must be over the age of 50 per the bi-laws

If you are interested in being considered for nomination to the BOARD OF DIRECTORS OF THE FLORENCE SENIOR CENTER, PLEASE COMPLETE THIS FORM. This will allow the Membership to effectively and fairly evaluate all candidates for the Board of Directors Openings.

What goals and objectives do you feel necessary for the Florence Senior Center?

Why do you want to serve on the Florence Senior Center Board of Directors?

What can you add to the Florence Senior Center as a Board Member?

Professional Background:

Your Job Title:

Please describe your primary job responsibilities:

How many years with current company?

**Please mail the completed application to Florence Senior Center PO Box 2047
Florence OR 97439
or email to seniorcenter@oregonfast.net**