## **Board of Directors Candidate Application**

Horizon Board President John Fournelle

Contact Phone	Number	(608)438-7480			
Contact Email A	Address	jhfour@gmail.com			
DATE					
First Name	MI	Last Name	N	lickna	me (if applicable)
Home Address					
City, State, Zip					
Home Phone	( )			Cell	( )
Email					
Current Employ (or If Retired)	ment				
Former Employ	ment				
Occupation/Job	Title				
Have you had an board of staff m					
Preferred Meth	od of Conta	oct			
		•			

Please list boards and committees that you serve on or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social etc)

Organization	Role/Title	Dates of Service

Please list your education background and/or and training or professional development you have done or certificates you have received

School/Institution	Degree/Certificate	Dates Attended

## Optional - Please list any awards or honors you have received

Issuer/Organization	Award	Dates Awarded

How do you feel Horizon High School wo	uld benefit from your involvement on the Board?
How do you feel you would benefit from	involvement on the Horizon High School Board?
Skills, Experience and Inte	erests (Please check all that apply)
Finance/Accounting	Special Events
Personnel/HR	Grant Writing
Administration/Management	Fundraising
Nonprofit Experience	Outreach/Advocacy
Community Service	Therapist/ AODA Services
Policy Development	
Curriculum Development	Other
Teacher/School Administrator	
Program Evaluation	
	Other

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Horizon High School.

Name of Entity	Industry/Category
Please tell us anything else v	ou'd like to share about yourself
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Thank you so much for applying