

Application for Nomination to the Board of Directors

Name:	Phone Number:	Fax:
Mailing Address:	Email:	Occupation:

1. Please describe any previous or current volunteer work, Board involvement, related interests, or experience.
2. Describe why you are interested in becoming a Board Member of ESEO.
3. In your view, what are some of the important issues facing those living with epilepsy?
4. What skills or expertise would you bring to this Board?

5. What do you hope to get out of serving this Board?

6. Anything else you would like to share with us?

Please check all that apply:	Yes	No
Are you 18 years or older?		
Do you reside or are you employed in KFLA?		
Are you an employee or related to an employee of ESEO?		
Have you or a family member received services from ESEO within the past year?		

Reference 1:

Name:	Telephone:
Email:	Relationship to Applicant:

Reference 2:

Name:	Telephone:
Email:	Relationship to Applicant:

Please complete and return application via email to admin@epilepsyresource.org. We recommend that you submit a resume, however it is not a requirement. Once received, we will review your submission and respond back to you. Thank you again for your time and interest.