PRE-APPLICATION FOR CAMPUS CRIME STOPPERS

BOARD OF DIRECTOR INTEREST FORM

PLEASE PRINT CLEARLY

FULL NAME (FIRST & LAST NAME)_____

DATE OF BIRTH _____

HOME ADDRESS_____

HOME OR CELL PHONE_____

EMAIL ADDRESS_____

YOUR SCHOOL & WHAT GRADE YOU ARE IN_____

This is a pre-application for those interested in serving as a Board of Director for the Campus Crime Stopper program. Why do you feel you would be a good fit for this position?

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EMAIL APPLICATION TO: OFFICE@MIDLANDCRIMESTOPPERS.COM