



**Trauma Intervention Programs of San Diego County, Inc.
BOARD OF DIRECTORS MEMBERSHIP
APPLICATION**

Name: _____

Address: _____

City: _____ Zip: _____

Birth Date: _____ Education: _____

Mailing Address: _____
(If different from above)

Work Phone: _____ Home Phone: _____

Fax _____ Cell _____

Email: _____

1. Why are you interested in being on TIP of San Diego, Inc. Board?

2. Have you or anyone you know had any personal experience with the TIP Volunteers?

3. What skills, abilities, or talents do you feel you can contribute to the Board of Directors?

4. Do you have any special interests or hobbies?

5. Please describe if you have ever experienced a traumatic event in your life:

6. List any prior Board Member/Volunteer experience: _____

Signature: _____ Date: _____

Please fax form back to 760-603-0965