



APPLICATION FORM

INSTRUCTIONS:

Complete this form, attach a resume, and e-mail to CFW@FrederickCountyMD.gov or mail to Frederick County Commission For Women, 401 Sagner Avenue, Frederick, MD 21701. Please print legibly.

APPLICANT INTEREST INFORMATION:

Check all that apply: Commissioner Volunteer Intern

How many hours can you volunteer each month? _____

If you selected Commissioner above, please answer the following:

Have you served previously? Yes No

If yes, when did you last serve as Commissioner? _____

Are you registered to vote in Frederick County? Yes No

Interest Areas: (check)

<input type="checkbox"/>	Childcare
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Education
<input type="checkbox"/>	Eldercare

<input type="checkbox"/>	Healthcare
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Legislation & Policy

<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Pay Equity
<input type="checkbox"/>	Teen
<input type="checkbox"/>	Other:

Skills: (check)

<input type="checkbox"/>	Statistical Analysis
<input type="checkbox"/>	Marketing/Public Relations
<input type="checkbox"/>	Social Media Management

<input type="checkbox"/>	Computer Skills
<input type="checkbox"/>	Event Planning
<input type="checkbox"/>	Training

<input type="checkbox"/>	Public Speaking
<input type="checkbox"/>	Other:

CONTACT INFORMATION:

Applicant's Name: _____

Street Address: _____

City / State: _____ Zip: _____

Phone (s): _____

OCCUPATION INFORMATION:

Occupation: _____

Employer: _____

Work Address: _____

City / State: _____ Zip: _____

The Frederick County Commission For Women's mission is to create a stronger community by addressing challenges and fostering unlimited opportunities for all women.



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OTHER INFORMATION:

Are you an officer or director of, or engaged in, lobbying activity for any organization?

Yes (Specify Organization): _____ No

BACKGROUND INFORMATION:

Academic Background:

Relevant Work Experience:

Organizational Affiliations:

By signing below, you are confirming the information above is accurate.

Signature: _____ Date: _____

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