



P.O. Box 260
 587 Old Mammoth Rd, #4
 Mammoth Lakes, CA 93546
 (760) 934-4740

BOARD OF DIRECTORS VOLUNTEER APPLICATION

PLEASE PRINT ANSWER ALL QUESTIONS

NAME: (LAST, FIRST, MIDDLE INITIAL)	Select all that apply: <input checked="" type="checkbox"/> Low income or low-income representative <input type="checkbox"/> Public official, public employee, or public agency board member <input type="checkbox"/> Other:
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MAILING ADDRESS:	(CITY)	(STATE)	(ZIP CODE)	Date:
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PHYSICAL ADDRESS:	(STREET)	(CITY)	(STATE)	(ZIP CODE)
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TELEPHONE:

Have you ever been convicted by a court for any offense? Do not include convictions before your 18th Birthday. Conviction is not an automatic bar to volunteering. Each case is considered on its individual circumstances. Explain:

EDUCATION:
 Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College or University 1 2 3 4 5

HIGH SCHOOL OR GED	COURSE	GRADUATED <input type="checkbox"/> Yes <input type="checkbox"/> No
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JUNIOR COLLEGE/COLLEGE	MAJOR UNITS	DATE GRAD.	DEGREE
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UNIVERSITY/GRADUATE SCHOOL	MAJOR UNITS	DATE GRAD.	DEGREE
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PROFESSIONAL LICENSES OR REGISTRATIONS HELD

COMPUTER KNOWLEDGE:

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? Yes No IF YES, WHICH ONE?

LIST APPRENTICESHIP, TRADE, VOCATIONAL, BUSINESS SCHOOL, MANPOWER TRAINING OR ANY OTHER SPECIAL TRAINING YOU HAVE HAD. INCLUDE TYPE, WHERE ACQUIRED, DATES AND WHETHER COMPLETED SUCCESSFULLY.

LIST ANY VOLUNTEER SERVICES THAT MAY BE RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING. (LIST IN DETAIL – USE ADDITIONAL PAGES IF NECESSARY.)

ADDITIONAL QUESTIONS (please answer the following questions on a separate attached sheet of paper, if needed)

WHY DO YOU WANT TO VOLUNTEER FOR MAMMOTH LAKES HOUSING?

WHAT SKILLS, TALENTS, OR OTHER QUALITIES DO YOU BELIEVE THAT YOU CAN CONTRIBUTE AS A MAMMOTH LAKES HOUSING VOLUNTEER?

IS THERE A PARTICULAR SEGMENT OF THE POPULATION IN THE REGION THAT YOU BELIEVE YOU REPRESENT (SUCH AS HISPANIC, NATIVE AMERICAN, AN UNDER-SERVED GEOGRAPHICAL AREA OR SOCIO-ECONOMIC GROUP)?

CERTIFICATE OF APPLICANT (Read Carefully Before Signing)

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatement of material facts herein will cause forfeiture on my part of any service with Mammoth Lakes Housing, Inc. I further give permission to thoroughly investigate my references, work record, education and other matters related to my suitability for a volunteer position. In addition, I hereby release Mammoth Lakes Housing, Inc., my former employers, and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such disclosure.

Signature _____

EMPLOYMENT RECORD (Beginning with your present or most recent, show a complete record of your last three employers)

#1	FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION
EMPLOYER'S NAME AND ADDRESS			
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME:			
CONTACT PHONE NUMBER:			

#2	FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION
EMPLOYER'S NAME AND ADDRESS			
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME			
CONTACT PHONE NUMBER:			

#3	FROM (Mo - Yr)	TO (Mo - Yr)	JOB TITLE OR OCCUPATION
EMPLOYER'S NAME AND ADDRESS			
DESCRIPTION OF DUTIES:			
YOUR SUPERVISOR'S NAME :			
CONTACT PHONE NUMBER:			

FAMILY HOUSEHOLD INCOME

Mammoth Lakes Housing is a Community Housing Development Organization (CHDO) and must meet the requirements of, and otherwise qualify for, or be eligible as a CHDO as defined in 24 CFR 92.2. The qualifications of the directors requires at least one third (1/3) of the total number of sitting directors shall live in low-income neighborhoods, be low-income residents, or elected representatives of an organization serving low-income residents.

If you are applying for the MLH Board of Directors and your family household income falls below the Income Limits for your household size, please complete the information below.

NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
1	\$44,750
2	\$51,150
3	\$57,550
4	\$63,900
5	\$69,050
6	\$74,150
7	\$79,250
8	\$84,350

1. Number of persons in family household _____.

2. I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year did not exceed \$_____. (Enter the amount of the income limit shown for the number of person in family household.)

SIGNATURE	DATE
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