



Comal County Child Welfare Board
Prospective Board Member Questionnaire

Personal Information:

Name: _____

Address: *(Please note, you must live in Comal County to be eligible to serve on the CCCWB.)*

Home/Cell Phone: _____

Email: _____

Areas of interest (please check all that apply.)

- _____ **Accounting**
- _____ **Website/Facebook page management**
- _____ **Fundraising/Marketing**
- _____ **Special Events**
- _____ **Grant Writing**
- _____ **New program development**
- _____ **Shopping/stocking/inventory management**
- _____ **Other**

Please provide details of your work, volunteer, and/or family experiences that would make you a valuable member of the Comal County Child Welfare Board.



Why are you interested and motivated to serve on the CCCWB?

Please list any activities, boards, clubs, or organizations you have been involved with.

Please highlight the skills, qualifications, and resources you will bring/share with our board.

Affirmation:

By my signature, I ask to be considered for appointment or election as a Member of the Comal County Child Welfare Board.

Applicant Signature: _____

Date: _____

Please email your completed form to CCCWBPresident@gmail.com, or mail it to CCCWB President, P.O. Box 311071, New Braunfels, TX 78132