



**Application Form – Board of Directors**  
 Dakota County Historical Society  
 August, 2010

<b>Name:</b>			
<b>Street Address:</b>			
<b>City, State Zip:</b>			
<b>Preferred Phone:</b>		<b>Alternate Phone:</b>	
<b>E-mail:</b>			

**Current/most recent employment experience**

<b>Employer</b>	<b>Position</b>

**Current/most recent volunteer experience (please include board/director experience)**

<b>Organization</b>	<b>Position/Duties</b>

**Please share any additional information you would like DCHS to consider**

As a DCHS Board Member, I understand that:

- DCHS is relying on me to be a proactive and entrepreneurial contributor to the organization’s success and growth
- It is my responsibility to contact the Board President if I cannot attend a meeting

I agree to accept the responsibilities for serving as a member of the DCHS Board of Directors.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date