



EMERGE MOTHERS ACADEMY BOARD MEMBER REFERRAL FORM

My name is: _____ Date: _____

I would like to recommend (name): _____
to join the Board of Directors for EmERGE Mothers Academy

Their Employer/Network (if known): _____

Interests/Areas of service

Best way to contact this person is: _____

Commitments

Able to consent to background check if needed?

Availability: _____MON _____TUE _____WED _____THUR _____FRI _____WEEKENDS
(ex. "evenings", "any", "limited", "none")

Phone number: _____ Email: _____

Signature: _____ Date: _____