

2623 Wetmore Avenue Everett, WA 98201-2926 Office: 425 303-9070

Online: KSER.org

## KSER Foundation Endowment Fund Committee Application Information Form

All information pro	vided is held in strict	t confidence	е.			
Title Firs	t Name		— — — М.І.	Last Name		
Home Information						
Street Address		-	City		State	Zip Code
Home Telephone Cell Phone		Home E	mail			
Work Information (	(if applicable)					
Company Name/Employer				Occupation/	Title	
Street or P.O. Box		-	City		State	Zip Code
Business Telephone Business			s Email			
Contact Preferenc	es					
Preferred Phone:	Home	Cell B	Business			
Preferred Email:	Home _	_Business				
Emergency Contac	ct					
Name			Phone		Relationship	



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## Applicant Questionnaire (use additional pages if necessary)

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1.	Please tell us why you are interested in volunteering on this committee.
2. Endowr	Please describe your relevant money management experience. How do you think your experience will benefit the nent?
3. membe	Have you been involved with the KSER Foundation before? If so, in what capacity (volunteer, staff, board r?)
4. membe	Please list other areas of community involvement. In what capacity do/did you serve (volunteer, staff, board r?)
5.	Are you aware of any personal conflicts of interest with the KSER Foundation Endowment? If so, please explain.
6.	Have you ever been charged with a crime that involves fraud or deception? If so, please give details.
7.	Are you interested in taking a leadership position on the Endowment Committee?



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Please provide details of your background and professional experience. (Attach additional sheets if necessary)

ease provide 3 professional		eer references.	
Name		Relationship	
Phone	E-mail		•
Name		Relationship	
Phone	E-mail		•
Name		Relationship	
Phone	E-mail		•
Signature		Date	

## Please return your completed application to the KSER Foundation by one of the following:

- · Scan application and email to: Marla@kser.org
- Mail application to: Budget and Finance Committee, KSER Foundation, 2623 Wetmore Ave., Everett WA 98201