



Big Brothers Big Sisters®

OF SOUTHWEST IDAHO

MEMBERSHIP APPLICATION

First Name _____

Last Name _____

Email _____

Phone Number _____

Address _____

City _____ Zip Code _____

Why would you like to join the associate board?

Describe your ability to meet the time and financial commitments of the associate board.

Briefly describe the single best way you can help contribute to expanding the mission of BBBS in Idaho.



Big Brothers Big Sisters.

OF SOUTHWEST IDAHO

MEMBERSHIP APPLICATION

What is your previous experience working with non-profits and what role(s) have you played in achieving these organization(s) goals?

How many years have you been in a professional working environment? _____

What is your occupation? _____

Name of Employer _____

What else would you like us to know about you?

Were you recommended for the board by someone, if so please name them?

Are you a current Big Brother or Big Sister or have you ever been a Big or Little?

Yes

No

* If you were, when and where? _____

Please include your resume and email application to jahl@bbbsidaho.org