

THE INSTITUTE FOR REHABILITATION, RESEARCH, AND RECREATION, INC.

DBA: Meadowood Springs Speech and Hearing Camp

Post Office Box 1025

Pendleton, Oregon 97801 (541) 276-2752

Application for Appointment to the Board of Directors

Name		
Address		
City		
Email		
Cell Phone	Home	Business
Date		
Zip		
Please comment or	n your interest in Meadowoo	od.
· · · · · · · · · · · · · · · · · · ·	or level of expertise in each ced in this area and 5 being	of the six areas on a scale of 1 to 5, with one an expert in this area.
Programming, Engi	neering, & Architecture	
Construction Profes	ssional Trade	
Development and F	undraising	
Legal and Accounti	ng	
Marketing and Proj	ect Planning	
Leadership and Str	ategic Planning	
•	ubmit to a criminal backgrou f expertise, interests, and sl	und check? YES NO kills could benefit Meadowood?
Please describe yo	ur experience with and/or ki	nowledge of nonprofit organizations.
On what other boar Date Appointed Date Retired	ds have you served?	
List some of the cha	•	ctivities you have been involved in.



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Board meetings are held on Saturdays v	virtually and in Hoo	d River, Oregon, four to six times a
year.		
Participation is required at least 75% of	all Board Meetings	3.
Would your schedule allow you to attend	d meetings and pa	rticipate as an active member of the
Board?		
[] Yes [] No		
References (Please list at least three na	ames and include a	ddresses and phone numbers).
Name Ph	one Number	Email

Thank you for your interest in serving on our Board of Directors. A Meadowood Springs representative will contact you shortly to discuss your qualifications and interest. If you have any questions, please contact us, and we'll respond as soon as possible.

Meadowood Springs Speech and Hearing Camp PO Box 1025 Pendleton, OR. 97862 (541) 276-2752

www.meadowoodsprings.org

Email:camp@meadowoodsprings.org