



AOD PARTNERSHIP

MARATHON COUNTY ALCOHOL AND OTHER DRUG PARTNERSHIP COUNCIL, INC.

Board of Directors Candidate Application

Please email completed applications to:

Laura Fischer at laura.fischer@co.marathon.wi.us or via fax 715-261-1901.
Applications can also be mailed to the address at the bottom of this page.

**Please return this application by the last Friday in the month of
October. Sharing your resume is welcomed, but optional.**

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____
Phone _____ E-mail _____

Employer

Name _____
Your title _____
Address _____
Phone _____ E-mail _____
Type of business or organization _____
Primary service(s) and area/population served _____

Preferred method of contact Work Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service

Address:

Marathon County Health Department
Attn: Laura Fischer
1000 Lake View Drive
Wausau, WI 54403

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel the AOD Partnership would benefit from your involvement on the Board?

Skills, experience and interests (Please check all that apply)

Finance, accounting
Personnel, human resources
Administration, management
Nonprofit experience
Community service
Policy development
Program evaluation
Public relations, communications

Education, instruction
Special events
Grant writing
Fundraising
Outreach, advocacy
Other _____
Other _____
Other _____

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the AOD Partnership.

Please tell us anything else you'd like to share.

Thank you very much for applying!