



S.C.A.N
215 East Elm Street
Lebanon MO 65536
www.scan4kids.com
417-991-2029

Supporters of Children with Additional Needs, INC. Board Application

Name _____

Address _____

Phone _____ cell _____

Email _____

Can you make a three year commitment to S.C.A.N? YES _____ NO _____

Prior Board of Directors Experience

Revised: August 23 2015

What experiences and/or participation would you bring to the S.C.A.N. Board of Directors?

___ Computer Skills

___ Fundraising Committee

___ Community Contacts

___ Public Relations

___ Volunteer in Center

___ Board Officer

___ Grant Writing

___ Resource Fairs

___ Event committee

___ Renovations Team

What assets would you bring to the SCAN Board of Directors?

Volunteer Hours _____

DAY M Tu W Th F

Tax deductible Contribution _____ monthly _____ one time

Thank you for taking the time to fill out this application and consider a position as a Board of Director member for Supporters of Children with Additional Needs, INC.

All Children are Special. Ours just have Additional Needs