



## KYRENE ASSOCIATION

Did you attend Kyrene? \_\_\_\_\_ If so, please list the school(s) and years of attendance  
\_\_\_\_\_

Do you live in the Kyrene boundaries? \_\_\_\_\_ Do you work in the Kyrene  
boundaries? \_\_\_\_\_

Do (or did) your children attend Kyrene schools? If yes, please list the names of your children, the schools  
they attended and the years they attended.

---

---

---

## BOARD COMMITMENT

1. The Kyrene Foundation requires participants to commit approximately 1 ½ to 2 volunteer days per month. If selected, are you and your employer prepared to make this time commitment?
2. Attendance and financial contribution for Kyrene Foundation events.
3. Attendance and participation at monthly board meetings. (Typically held on for 1 ½ hours on a Friday morning monthly)

## COMMUNITY INVOLVEMENT & PREVIOUS EXPERIENCE

At this time Kyrene Foundation has specific needs. We are looking for individuals that have background or experience with social media, fundraising, and/or grant writing. We recognize involvement comes in many forms. We always look for individuals who are willing to commit time, energy and enthusiasm for the Kyrene Community. Please list, in order of importance to you, three community, civic, professional, political, business, religious, social, athletic, or other activities in which you have participated. Include your contribution to each, including positions held, major responsibilities, projects under taken and YOUR measures for success.

1.

2.

3.

## REFERENCES

List two people who will be contacted to provide information regarding your qualifications as a Kyrene Foundation Board Member participant.

### REFERENCE 1

NAME \_\_\_\_\_ Title Relationship \_\_\_\_\_

ADDRESS

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### REFERENCE 2

NAME \_\_\_\_\_ Title Relationship \_\_\_\_\_

ADDRESS

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

## AGREEMENT OF UNDERSTANDING

I have read and understand the requirements of participation on the Kyrene Foundation Board and am willing to honor that commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

**PROCEDURE:** Applications should be emailed to [contact@kyrenefoundtion.org](mailto:contact@kyrenefoundtion.org) and [ndudenhoefer@rioradio.org](mailto:ndudenhoefer@rioradio.org)

If you have any questions about the Kyrene Foundation or this application, please contact:  
Nancy Dudenhofer 480-774-8232 [www.kyrenefoundation.org](http://www.kyrenefoundation.org)