



**Provider Resource Organization  
Board of Directors  
Application Form**

Please Mail to: PRO, P.O. BOX 4826, PORTLAND, OR 97208-4826  
Or Email to: [INFO@ProviderResource.org](mailto:INFO@ProviderResource.org)

**Personal Data**

Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Business Name (if any) \_\_\_\_\_

Address of Business if different from above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Education**

Schools attended, include High School. A current resume may be substituted for this section.

School	City & State	Dates	Degree/Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment & Experience**

List major paid employment & significant volunteer activities. List chronologically beginning with most recent experience. A current resume may be substituted for this section.

Dates	Employer/Organization	City & State	Title/Position

**Interest in Appointment**

Describe why you are interested in serving on this particular board. Include information about your background that supports your interest. You may complete this section on a separate sheet if needed.

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Appointments are subject to confirmation by the P.R.O. Board. I will accept appointment if selected by the Provider Resource Organization Board, and if appointed, I will pledge my best to resolve, before assumption of office, any conflicts of interest that would be inconsistent with my responsibilities as a Board Member appointee. It is the duty of each board member to attend all annual, regular and special meetings of the Board and the meetings of all committees to which such director has been appointed, except in the case of illness, or any other valid reason presented to the Chairperson or the Chairperson’s designee. If I am unable to meet attendance requirements I accept that my continued participation on the board will be reviewed and that after a vote of the current board members, my position on the board may be revoked.

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