

**MOUNTAIN VIEW COMMUNITY TELEVISION BOARD OF DIRECTORS  
APPLICATION**

1400 Terra Bella Ave. Suite M, Mountain View, CA 94043  
(650) 968-1540, (650) 968-1543 fax

(Print or Type)

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Residence Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Present Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Years in Mountain View (If applicable) \_\_\_\_\_

Briefly describe the qualifications you possess (employment, community experiences and education) which you feel would be an asset to the Board. Please use additional sheet if necessary.

List the community organizations which you have participated and describe participation.

Why would you like to be appointed to the KMVT Board?

I have sufficient time to devote to this responsibility and plan to attend the required meetings if I am appointed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date