



**Marion County Literacy Council, Inc.
110 E. Silver Springs Blvd.
Ocala, Fl. 34470**

BOARD MEMBER RECOMMENDATION

Please fill out this form and return it to the President of th Board of Directors or the Executive Director

Provide as much information as you can

Potential Board Candidate's Name: _____

Address: _____

City/County: _____

Zip: _____ Home Phone: _____

Work Phone: _____ E-mail: _____

Employer: _____

Occupation; _____

Previous Volunteer Experience with MCLC: _____

Other Volunteer Experience: _____

Skills/Expertise

___ Financial/Accounting

___ Program Services

___ Education

___ Legal/Contracts

___ Legal/Property Mgmt.

___ Fundraising

___ Special Events

___ Client Relations

___ Speakers Bureau

___ Communications

___ Community Linkage

___ Community Relations

___ Corporate Mgmt

___ Other

Reason for Recommendation/Additional Comments: _____
