

## **BOARD REFERRAL**

## Please fill out to the best of your ability

Your Name:	
Referral Name:	
Primary Phone	Mobile/ Home/ Office/ Other
E-mail:	
Marital Status:	
Name of spouse/partner (if applicable):	
Children/ages/school(s):	
Other information - High School, Technical Training, College, Areas of Study, Current Occupation/Job, Company:	
Affiliation	
Why do you think this person should be connected to Norths	shore Schools Foundation?
What inspires them? What are their passions?	
Other causes that they are involved in?	
What else do you want Carmin to know?	