



MULTNOMAH
UNIVERSITY

Alumni Leadership Council Application

NAME: _____

Undergraduate YR: _____

DOB (mm/dd/yyyy): _____

Postgraduate YR: _____

Program: _____

ADDRESS: _____

(Street)

(City)

(State)

(Zip)

HM PHONE: _____

WRK PHONE: _____

EMAIL: _____

EMPLOYER: _____ POSITION: _____

BUSINESS ADDRESS: _____

STRENGTHS/ SKILLS: _____

CURRENT MINISTRY: _____

WHY I WANT TO SERVE: _____

AREAS OF INTEREST:

_____ Special Events Planning
_____ Regional Chapter Development
_____ Student Mentorship Program

_____ Fundraising
_____ Recruitment
_____ Other: _____

REFERENCES:

PASTOR _____

PHONE: _____

FRIEND _____

PHONE: _____

LEVEL OF INTEREST:

_____ Yes, I'm interested in serving on Multnomah's Alumni Leadership Council.

_____ I would like to serve but the timing is not right. Please consider me again in the future.

*Please submit with current resume (if applicable) to alumni@multnomah.edu
or mail: Multnomah University 8435 NE Glisan Portland, OR 97220*