



## **Bear Necessities Pediatric Cancer Foundation** ***Auxiliary Board Member Application***

**Please complete the following information and mail, fax or email your application to:**

Bear Necessities Pediatric Cancer Foundation  
55 W. Wacker Drive, Suite 1100  
Chicago, IL 60601  
P: 312.214.1200  
F: 312.214.7797  
office@bearnecessities.org

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

PHONE: \_\_\_\_\_ (work)

EMPLOYER: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please list any relevant leadership and service experience.



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**NAME:** \_\_\_\_\_

What are your areas of expertise, or what special skills do you bring to the group?  
How will you contribute to the group?

There are countless service opportunities throughout the Chicago community. Why have you chosen to apply to the Bear Necessities Auxiliary Board?

*Thank you for taking the time to complete this application.  
If you have been selected for an interview, an Auxiliary Board officer will contact you.*