



partnering  
investing  
empowering

## 2022 Saint Louis MHB Board of Trustees Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
*First Middle Initial Last*

Home Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Check one:  Work  Home  Cell

Email: \_\_\_\_\_

Neighborhood \_\_\_\_\_ Alderperson \_\_\_\_\_ Ward \_\_\_\_\_

### EMPLOYER

Company/Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of business/organization: \_\_\_\_\_

Preferred place of contact: *Please check*  Work  Home

**Why do you want to become a member of the Saint Louis MHB Board of Trustees?**

**Please list your current and previous volunteer and/or Board experience**

**How did you learn about this opportunity?**

**Affirmation and Signature**

I affirm that the information provided in this application is true and correct to the best of my ability.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

City residents interested in applying to serve as a member of Saint Louis MHB's Board of Trustees should:

1. Complete and submit this application
2. Attach a resume or CV
3. Email both to [stlmhb@stlmhb.com](mailto:stlmhb@stlmhb.com) with the subject line: Trustee Application

**OR**

4. You may also fax your application and resume/CV to (314) 535-6584

**OR**

5. Mail your application and resume/CV to:

Saint Louis MHB  
Attn: Denise Carter  
333 S. 18<sup>th</sup> St., Ste. 200  
St. Louis, MO 63103

**Applications will be accepted until current vacancies are filled.**

For questions, please contact Denise Carter, Executive Assistant/Grants Administrator (314) 535-6964 x 27 or [dcarter@stlmhb.com](mailto:dcarter@stlmhb.com).