



BOARD APPLICATION

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Are you a member of The Falls Church Episcopal? Y N

- If so, how long have you attended? _____
- In what areas have you been active? _____

If you are not a member, where do you worship? _____

Describe your involvement:

How long has your family been associated with the Day School?
Describe your involvement:

What do you consider to be the strengths of the Day School Program?

What do you consider to be the weaknesses of the Day School Program?

How do you feel the Day School can best minister to its families and the Falls Church Episcopal Community?

What talents do you have that would be of help to the Day School? Which area(s) most interest you?

How has your relationship with the Lord Jesus Christ influenced the way in which you decide to spend your time and energy?

Do you support the Christian mission of the School as it is integrated into the curriculum and chapel program? Do you have any suggestions for change?