EAST END AREA RESUME

Please type or print legibly and return in person to:

<u>East End Area Service Committee</u>

The information requested here is optional.

Any information furnished will be held strictly confidential.

Please do not provide information that you are not comfortable with.

Name		Position(s) Desired		<u></u>	
			(C	Pptional)		
Address			City		_	
State	Postal Code	Home Phon	e <u>(</u>)	-	-	
Fax <u>(</u>)	E-Mail					
Clean Date	Home Group			<u>—</u>		
Nominated by _	(Recommended but not required)					
	sional and/or Community ization Memberships		Activities/H	obbies		
Experience	Fellowshi	ip Service I	Experience			
Dates	Length of Service	Position			oup/Area/ egion/World	

Personal

List three (3) references of people you have served with

Name	Address	Telephone	E-mail Address
		l	

Work Experience
What do you feel are your strengths?
What do you feel are your weaknesses?
What accomplishment(s) in your job, in service, and/or throughout your life are you most proud of

What do you believe you c	an bring to Arc	ea Servi	ce?		
Why do you want to serve	?				
Education					
List any skills, abilities, de	grees, talents o	r trainir	ng you ha	ve	
Languages					
Native Language:					
Other Languages:					
	Speak	Read	Write	Translate	
	Speak	Read	Write	Translate	
	Speak	Read	Write	Translate	

Additional Comments			
dditional pages may be used as need	led		