



## Supplemental Questionnaire

First Name:

Last Name:

Residence Address:

Phone Number:

Mailing Address: (If same as residence, leave blank)

Email:

1. Why do you want to serve on the MTD Board?

2. Please describe your understanding of the operations of MTD and in particular the responsibilities of the Board of Directors.

3. How would your personal background and professional experience benefit MTD if you were selected as an MTD Board Member?



4. Please list your experience with community involvement and your affiliations with community-based organizations.

5. Are you aware of any potential personal or professional relationships that may be considered a conflict of interest related to MTD?

6. What about MTD's mission excites you?