



**TRUSTEE DATA FORM**

**PERSONAL**

Name \_\_\_\_\_ Spouse \_\_\_\_\_

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

Home phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Birth date \_\_\_\_\_ E-mail Address \_\_\_\_\_

Children \_\_\_\_\_

Interests \_\_\_\_\_

**EDUCATIONAL BACKGROUND (Colleges/Universities/Degrees)**

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL**

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Business phone # \_\_\_\_\_ FAX # \_\_\_\_\_

Work e-mail \_\_\_\_\_

Business Address \_\_\_\_\_

Professional Memberships \_\_\_\_\_

\_\_\_\_\_

If retired, please describe professional background

\_\_\_\_\_  
\_\_\_\_\_

**CHURCH AFFILIATION**

Church \_\_\_\_\_

Address \_\_\_\_\_

Association (if Baptist) \_\_\_\_\_  
Church, Association and/or Denomination Involvement \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY SERVICE/INVOLVEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRUSTEE AREAS OF INTEREST**

Your preferred areas of interest/committee preference (check at least 2)

_____ Advancement	_____ Faculty and Curriculum
_____ Enrollment Management	_____ Finance/Investment/Audit
_____ Facilities	_____ Student Services

Please complete and mail, scan/email or fax this form to:

Office of the President  
Bluefield College  
3000 College Drive  
Bluefield, VA 24605  
FAX (276) 326-4467  
dshott@bluefield.edu