



APPLICATION
For
BOARD OF DIRECTORS or SUPERVISORY COMMITTEE MEMBER

Name: Home Phone:

Occupation: Business Phone:

Address: Email:

Which area(s) interest you:

Board of Director

Supervisory Committee

Your Background:

What education or skills do you believe to be useful to our Board or Supervisory Committee? (Please check all that apply)

- Accounting, Investments, Fund Raising, Community Relations, Motivated, Management, Marketing, Education, Planning, Lobbying, Public Relations, Public Speaking, Team Player, Knowledge of Services, Other, Affiliations

What other Boards or Committees have you served?

What Charitable or Community activities have you been involved with?

Your Availability to Serve:

Could you attend Board meetings regularly? YES NO Conflicts

How many hours per month, in addition to the board meetings, could you serve this Organization?

Would you attend a training session for new board members? YES NO

Your Views on our Organization? (Please use a separate page if needed)

What is your interest in this organization?

Please write a brief statement of your interpretation of the organization's mission:



References:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Additional Information:

Please describe your background/training and any personal or professional information that you would like to include on the ballot:

Signature: _____ **Date:** _____