



APPLICATION for BOARD OF DIRECTORS or SUPERVISORY COMMITTEE MEMBER

Name: _____ Home phone: _____

Your occupation: _____ Business phone: _____

Address: _____

Which area(s) interest you:

___ Board of Director

___ Supervisory Committee

Your Background:

What education or skills could you contribute to our Board or Supervisory Committee? (please check all that apply)

- ___ accounting ___ management ___ public relations
___ investment ___ marketing ___ knowledge of services
___ fund raising ___ education ___ public speaking
___ community relations ___ planning ___ team player
___ motivated ___ lobbying ___ affiliations
___ other (please explain) _____

What other boards or committees have you served? _____

Charitable or community activities in which you have been involved? _____

Your Availability To Serve:

Could you regularly attend board meetings? ___ yes ___ no conflicts _____

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

Would you attend a training session for new board members? ___ yes ___ no

Your Views On Our Organization? (use reverse for additional comments)

What is your interest in this organization? _____

Please write a brief statement of your understanding of the mission of this organization:

REFERENCES: (list names, addresses and phone numbers)

Signature _____ Date: _____

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