

Board Member Application Fall/Winter 2019 – Spring 2020

Applications accepted until positions are filled

Thank you for your interest in joining the governing board of Sunrise Retreats, Inc. Please provide the following information to help us consider your application.

Name: Phone Number: Address: Email address: Occupation and Current Employe Other current organization affiliat	s (names of the organizations	s an	d your role(s)):
Why are you interested in joining professionally and how would you		rect	ors? What would you contribute
What makes you a uniquely quali		٠. ماد	an that anyly
What skills would you bring to the □ Board development □ Strategic planning □ Human Resources □ Accounting/Finance □ Fundraising □ Legal □ Training	Business & Economic Development Mental Health Professional Medical/Healthcare Community Facility/Retreat Location Impact/Evaluation		Policy/Advocacy Community networking Communications/Marketing Volunteer management Retreat Development Other:

conflicts-of-interest in participating on the Sunrise Retreats board.				
Sign:		Date:		
volunteer to assist our	organization in various ways tha	you decide not to join, would you t match your skills and interests Tyes, in what ways or with which	? Or potentially	
□ Yes	□ No	☐ Perhaps		
Please describe:				
Nominee was mailed an Nominee had personal r Nominee's application w Nominee was interviewe	y:application packet (by and date):_	ard Chair or other Board Members committee (date):	 (date):	

If you are elected to join the Board, you agree to the roles and responsibilities, active participation in meetings, and contribution both of time and financial resources. You also confirm you do not have any