

APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Name: _____	Home Phone: _____
Title (if business address): _____	Cell Phone: _____
Address: _____	
City, State, Zip: _____	

Your Background

Occupation or past occupation, if retired: _____

Please check the training and/or skills you could contribute to the board of directors (check any that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Financial management | <input type="checkbox"/> Administration | <input type="checkbox"/> Public Relations/Media |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Community relations | <input type="checkbox"/> Human Resources Management |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Retail Operations |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Marketing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Program Planning | <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Other : _____ |

On what other boards have you served in recent years, or are you serving at the present time?

What other professional or volunteer experience have you had relative to your nomination?

Describe how you think you can contribute most effectively to the work of the board (*use reverse side*).

Your Availability to Serve

Could you regularly attend 12 board meetings per year? Yes No

Would you be available and willing to commit to serving an average of 2-10 hours per month, if required, in addition to board meetings? Yes No

References (*list names, addresses and phone numbers for three references*)

1. _____
2. _____
3. _____

Signature: _____ **Date:** _____