



Board Member Application

Name: _____ Check one: Mr. Mrs. Ms. Dr.

Home Address: _____

Cell #: _____ - _____ - _____ Day Phone #: _____ - _____ - _____ Evening Phone #: _____ - _____ - _____

Email Address: _____ Birth Date: ____ / ____ / ____

Race/Ethnicity - check applicable: Asian/Pacific African American Caucasian Latino/Hispanic Other _____

What is your connection to our mission? _____

Switzer Staff/Board Members You Know: _____

Profession: _____ Company/Agency: _____

Business Address: _____

Home Address: _____

Name of Spouse/Partner: _____

Current Community Involvement: _____

Associations/Organizations/Memberships: _____

How will you connect Switzer to resources? _____

Professional Expertise or Skills to Contribute: _____

Other Board Experience (where & when): _____

PLEASE ATTACH CURRENT RESUME

Please rank order 1st, 2nd, 3rd your interest in serving on our Board Committees:

____ **Programs** (program development & assessment) ____ **Events** (fundraising activities, public relations, and planning)

____ **Resource Development** (donor development/relations, stewardship) ____ **Finance** (fiscal management & budget)

____ **Governance** (Board development, assessment, accountability)