

Board Applicant Information

Thank you for your interest in joining Voices of Our Youth's Board! The information you provide is to ensure the best match between you and Voices of Our Youth, it is used when considering you for our Board of Directors.

Name:
Address:
Email Address:
Phone Number:
Do you have knowledge, special skills or expertise in the following?
FundraisingHuman Resources/PersonnelFinancesBusinessPress and MediaTechnologyEducation/TrainingPublic Relations/Communications/MarketingAdministrative/ManagementGrant WritingLegalOutreach/AdvocacySocial ServicesEducationSpecial EventsCateringEntertainmentPhilanthropyPolicy DevelopmentSmall BusinessCorporateNon-Profit ExpertiseReligious OrganizationsLaw EnforcementChildren's Organizations What is your professional background?
What is your level of education (mark the last grade completed)? Grade:K123456789101112GED
College:SomeAssociatesBachelorsMastersDoctorate You have a degree in:
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Do you have any other professional affiliations? If so, what affiliations?

Are you presently serving on any boards or do you have any previous board service, leadership, or volunteer
experience?
Why are you interested in our organization and serving on our board?
What kinds of skills or expertise can you offer and how do you think we could best take advantage of your expertise?
How will the organization benefit from your participation?
What kind of time commitment will you be able to make? Are you willing to serve on committees, regularly come to board meetings?

kills to develop, interests to		cipation on the Board, e.g., what types of experiences,
		east 2-4 hours a month in attendance to Board and ict-of-interest in participating on the Board.
our signature:		Date:
•	nember of the Board, or if your sour s	u decide not to join, would you like to be a volunteer to kills and interests?
□ Yes	□ No	□ Perhaps
Organization Use Only		
Date Intervie	wed:	_ Interviewed By: