



BLUFF & RIDGE
EQUINE ASSISTED THERAPIES, INC.
(Bluff & Ridge)

Board of Directors Application

Thank you for your interest in joining our non-profit board! Use this form to provide useful information about yourself, to ensure the best match and let us know why you would like us to consider you for our Board of Directors.

Name: _____

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Employer: _____ Position: _____

Preferred Method of Contact: () Email () Mobile () Home () Text

Briefly describe why you would like to join our Board of Directors:

Please list any past or present organizational affiliation(s) and role(s):

Other volunteer experience?

Please mark the skills and expertise you will bring to us that will strengthen our board and enhance the ability of our organization to deliver its mission. (*Mission: Provide children, youth and adults the opportunity to grow and develop through therapeutic, educational and recreational activities with horses.*)

<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Reading / Understanding budgets and balance sheets	<input type="checkbox"/>	Community Networking
<input type="checkbox"/>	Legal Expertise	<input type="checkbox"/>	Public Speaking / Presentations	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	Event Planning	<input type="checkbox"/>	HR / Administration	<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Web Design
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	Information Technology
<input type="checkbox"/>	Professional Nonprofit Experience	<input type="checkbox"/>	Facilities	<input type="checkbox"/>	Real Estate
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	Program Development
<input type="checkbox"/>	Volunteer Management	<input type="checkbox"/>	Training	<input type="checkbox"/>	Evaluation

Are there other skills(s) of yours that you would like to utilize?

What would you like to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Please share any other information you feel important for consideration of your application to serve as a Bluff & Ridge Board member.

If you join the Board, you agree that you can attend Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

☐ I agree

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

☐ Yes ☐ No ☐ Maybe

Please submit this application to: Bluff & Ridge, 30662 Moccasin Ave., Kendall, WI 54638
Thank you for your application!

For Board Use:

Nominee has had a personal meeting with either an Officer, Director, or other. Date: _____

Nominee reviewed by the committee. Date: _____

Nominee proposed to the Board. Date: _____ Board action: Elected Rejected Date: _____