## Board of Directors Candidate Application



| Date  |                         |                     |                  |
|---|-------------------------|---------------------|------------------|
| Name:   |                         |                     |                  |
| First   | MI                      | Last                | Familiar Name    |
| Residence:  |                         |                     |                  |
| Address:  |                         |                     |                  |
| Phone   |                         |                     |                  |
| Employer:   |                         |                     |                  |
| Name:   |                         |                     |                  |
| Your Title:   |                         |                     |                  |
| Address:  |                         |                     |                  |
| Phone:  | E-mail _                |                     |                  |
| Type of business or orga                              |                         |                     |                  |
| Primary service(s) and a                              | rea/nonulation served:  |                     |                  |
| Preferred method of con                               |                         |                     |                  |
|   |                         |                     |                  |
| Please list boards and co<br>community, fraternal, po | _                       |                     | •                |
| Organization  | Role/Ti                 | tle                 | Dates of Service |
|   |                         |                     |                  |
|   |                         |                     |                  |
|   |                         |                     |                  |
| Education/Training/Cert                               | ficates                 |                     |                  |
|   |                         |                     |                  |
|   |                         |                     |                  |
| Optional – Have you rece                              | eived any awards or hor | nors that you'd lik | ce to mention?   |
|   |                         |                     |                  |
|   |                         |                     |                  |

| How do you feel Young Professionals would benefit from your involvement on the Board?    |  |  |  |
|--|--|--|--|
|  |  |  |  |
| Why do you want to serve on the Young Professionals Board for Monroe County?             |  |  |  |
|  |  |  |  |
| Skills, experience and interests (Please check all that apply)  ☐ Finance, accounting    |  |  |  |
| ☐ Personnel, human resources   |  |  |  |
| ☐ Administration, management   |  |  |  |
| → Nonprofit experience   |  |  |  |
| ☐ Community service  |  |  |  |
| Policy development   |  |  |  |
| ☐ Program evaluation   |  |  |  |
| ☐ Public relations, communications   |  |  |  |
| ☐ Education, instruction   |  |  |  |
| ⊒ Special events<br>⊒ Grant writing  |  |  |  |
| ☐ Fundraising  |  |  |  |
| ☐ Outreach, advocacy   |  |  |  |
| ☐ Other  |  |  |  |
| □ Other  |  |  |  |
| □ Other  |  |  |  |
| Please list any groups, organizations or businesses that you could serve as a liaison on |  |  |  |
| behalf of Young Professionals.   |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please tell us anything else you'd like to share.  |  |  |  |
|  |  |  |  |
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