



## Board of Directors Candidate Application

Please submit this application and a copy of your resume to:

**Michelle Colburn**

[MColburn@breakingfree.net](mailto:MColburn@breakingfree.net)

**651-289-8161**

**Date** \_\_\_\_\_ **Nominated By** \_\_\_\_\_

**Name** \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Familiar name \_\_\_\_\_

**Residence**

Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Employer**

Company \_\_\_\_\_  
Your title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Type of business or organization \_\_\_\_\_  
Primary service(s) & area/population served \_\_\_\_\_

Preferred method of contact    ( ) Work    ( ) Residence

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Date(s) of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**Education/Training/Certificates**

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**Optional** – Have you received any awards or honors that you'd like to mention?

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**Why are you interested in becoming a Board Member?**

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**How do you feel Breaking Free would benefit from your involvement on the Board?**

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**Skills, experience, and interests** (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Finance, accounting              | <input type="checkbox"/> Education, instruction |
| <input type="checkbox"/> Personnel, human resources       | <input type="checkbox"/> Special events         |
| <input type="checkbox"/> Administration, management       | <input type="checkbox"/> Grant writing          |
| <input type="checkbox"/> Nonprofit experience             | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Community service                | <input type="checkbox"/> Outreach, advocacy     |
| <input type="checkbox"/> Policy development               | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Program evaluation               | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Other _____            |

**Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of Breaking Free.**

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**Please tell us anything else you'd like to share.**

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By signing below, I confirm that all information provided on this application is truthful and accurate reflecting my knowledge and intent to serve as a member of the Board of Directors. In addition to this, I understand and agree to serve as a Board of Directors member of Breaking Free for **a minimum of 2 years and maximum of 5 years** if my application is approved.

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**Signature**

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**Date**

**Thank you very much for applying**

**FOR BOARD USE ONLY**

\_\_\_ Nominee was referred by \_\_\_\_\_.

\_\_\_ Nominee had a personal meeting with executive director, board chair, or other board member. Date: \_\_\_\_\_

\_\_\_ Nominee's application was reviewed by the nominating committee. Date: \_\_\_\_\_

\_\_\_ Nominee was interviewed by the board. Date: \_\_\_\_\_

Action taken by the board of directors:    Approve    Deny

Notes: