

Board of Directors Application

Applicant Information

Name: _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Business Information

Occupation: _____ Employer: _____

of years: _____

Address: _____
Street Address / City / State / Zip Code

Phone: _____ Email: _____

Education

Highest level of Education completed? _____

College: _____ Degree: _____

Professional Skills and Experience *(check all that apply)*

<input type="checkbox"/> Clergy	<input type="checkbox"/> Knowledge of Services	<input type="checkbox"/> Medical\Healthcare
<input type="checkbox"/> Community Relations	<input type="checkbox"/> Legal	<input type="checkbox"/> Planning
<input type="checkbox"/> Education	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Lobbying	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Human resources	<input type="checkbox"/> Management	<input type="checkbox"/> Public Policy and Advocacy

Nonprofit: _____ From: _____ To: _____

Nonprofit: _____ From: _____ To: _____

