

Board Member Application

Name:

Phone:       Email:

Mailing Address:      City      Zip

Occupation and employer:

Why are you interested in joining our organization?

What personal skill or strength of yours do you think would benefit our organization?

Do you have a committee you’d like to serve on or a particular area of interest?

What other volunteer commitments do you currently have?

Have you served on other nonprofit organization boards? If so, please list: them and any offices you held:

The First Chance for Children board meets once a month on the second Friday at 12 pm. Do you see any scheduling problem that might affect your attendance? Yes [ ]  no [ ]

***For Board Use Only***

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

\_\_ Nominee was given an application packet. Date \_\_\_\_\_\_\_\_

\_\_ Nominee had a personal meeting with chief executive, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_