



Volunteer Board Member Application

(Please Print)

Full Name: _____
(First) (Middle) (last)

Local Address: _____
(Street)

(City) (State) (Zip)

Contact Info: _____
(Email) (Phone) (Cell Phone)

Do you have a website? Yes: No: If Yes, URL: _____

Full Time Resident: Yes: No: If No, Months Available: _____

Emergency Contact: _____
(Name) (Phone)

I Education, Skills & Interests

Education: Highest year attained: _____ Degree: _____

Current Occupation: _____

Describe your skills, hobbies and interests:
You may use the reverse or additional pages for supplemental information _____

Have you experience on a Board? No: Yes: If yes, please complete next 2 lines
Organization: _____ Dates: **1976**
Is it a 501(c)(3)? Yes: No: Your duties: _____

II Preferences: (Please select all that apply)

- | | | |
|---|--|--|
| Administration <input type="checkbox"/> | Grant writing <input type="checkbox"/> | School arts education <input type="checkbox"/> |
| Adult arts education <input type="checkbox"/> | Marketing <input type="checkbox"/> | Tourism & development <input type="checkbox"/> |
| Event planning <input type="checkbox"/> | Outreach/Advocacy <input type="checkbox"/> | No preference <input type="checkbox"/> |
| Financial <input type="checkbox"/> | Publicity <input type="checkbox"/> | |
| Fund raising <input type="checkbox"/> | Programming <input type="checkbox"/> | |

Is there a group with whom you are particularly interested in working? (Please select all that apply)
Children Teens Adults Seniors No preference

III Availability

You will be expected to attend every monthly Board meeting. What time is best for you?
No preference Morning Afternoon Evening Weekend
Do you have transportation, a current driver's license and required insurance? Yes: No:

