



BOARD MEMBER APPLICATION

Date:

I. Personal Information:

Name:

Home Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Email Address:

II. Employment (Also please attach a resume or CV)

Name of Employer:

Title:

Address:

City: State: Zip Code:

Business Phone: Email:

Type of business or organization:

Preferred method of contact: Work Home

III. Education

IV. Previous Board Experience:

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	Dates of Service

Optional – Have you received any awards or honors (Professional or Service) that you would like to mention?

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V. Background Information:

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How do you feel LSA would benefit from your involvement on the Board?

Skills, experience and interests (Please X all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Education, Instruction |
| <input type="checkbox"/> 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"/> Public relations, Communication |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Other <input type="text"/> |

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

Please tell us anything else you'd like to share

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PERSONAL REFERENCE (Example: friend, family member, etc.)

Name	<input type="text"/>	Relationship	<input type="text"/>
Address	<input type="text"/>		
Phone Number	<input type="text"/>	Best Time to Call	<input type="text"/>

PROFESSIONAL REFERENCE (Example: Employer, Volunteer Supervisor, etc.)

Name	<input type="text"/>	Title/Position	<input type="text"/>
Address	<input type="text"/>		
Phone Number	<input type="text"/>	Best Time to Call	<input type="text"/>

THANK YOU FOR YOUR APPLICATION

Signature of Applicant