



**PERSONAL INFO**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**BACKGROUND**

*In lieu of answering the questions in this section, please feel free to attach a résumé.*

- 1. Please describe your relevant education, experience, and/or employment. \_\_\_\_\_  
\_\_\_\_\_
- 2. Please list your current & past experiences serving as a Board member for other non-profit organizations. \_\_\_\_\_  
\_\_\_\_\_
- 3. Please list your current associations with other non-profit organizations (include titles or your role(s) when possible):  
a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

**SKILLS/EXPERIENCE/INTERESTS**

- 1. Please check the area(s) of expertise/contribution you can make to further the mission of EOF (check all that apply):  
 Board Development                       Finance/Accounting                       Public Relations  
 Strategic Planning                       Fundraising                       Marketing  
 Personnel/Human Resources                       Administration/Management                       Outreach/Advocacy  
 Program Development                       Community Networking                       Volunteer Management  
 Nonprofit Experience                       Event Planning                       Facilities Management  
 Grant Writing                       Training/Education                       Donor Management
- 2. Other skill(s) of yours that you would like to utilize? \_\_\_\_\_  
\_\_\_\_\_
- 3. Are you comfortable soliciting others for volunteering and/or funding?     Yes     No  
If so, please describe any experience(s) in doing so: \_\_\_\_\_  
\_\_\_\_\_
- 4. If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?     Yes     No     Ask me later

## YOU & EOF

1. What makes our mission meaningful to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How do you feel EOF would benefit from your involvement on the Board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What skills, connections, resources, and expertise do you have to offer and are willing to use on the behalf of the organization? \_\_\_\_\_  
\_\_\_\_\_
4. Please share any other information you feel important for consideration of your application to serve on the Board.  
\_\_\_\_\_  
\_\_\_\_\_
5. What can we do to ensure that your participation on our board is meaningful, fulfilling and rewarding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What do you believe are the two most significant issues facing EOF today and how would you turn them around?  
\_\_\_\_\_  
\_\_\_\_\_

## BOARD COMMITMENTS

1. The EOF Board of Directors meets on the third Monday of every month at 6:00 p.m. The board meeting generally lasts about one (1) hour but may last longer depending on the agenda. Do you have any standing commitments that create a scheduling conflict for you?  Yes  No
2. The EOF Board involves active participation by board members on standing committees. Please indicate which committee(s) you would be interested in potentially serving on:  
 Finance  Development/Fundraising  Events  
 Marketing  Operations  Other (specify) \_\_\_\_\_
3. If you join the Board, how many hours can you commit to meetings and serving the mission per month? \_\_\_\_\_
4. Do you have any conflicts-of-interest in participating on the Board?  Yes  No  
If so, please describe: \_\_\_\_\_

## ATTESTATION

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and other related matters as may be necessary for a decision regarding my board application. I hereby release employers, schools, organizations, and individuals from all liability when responding to inquiries in connection with my board application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_