



**BOARD OF DIRECTORS
Candidate Application**

Name _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Work Phone** _____

Email Address _____

Current Occupation _____

Areas of Expertise (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Non-Profit management |
| <input type="checkbox"/> Government | <input type="checkbox"/> Philanthropic community |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Insert organizational industry | |

Other areas of expertise/skills: _____

How did you learn of The Center for Exceptional Families?

History of Community / Volunteer Services

Membership in Civic/Professional Associations _____

Prior Board Experiences _____

How will being a board member be good for you personally? _____

From our experience, Board Members spend a minimum of 10 hours per month on The Center for Exceptional Families work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem? _____

Date of availability for Board Service _____

Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group. (Note references will not be contacted until after meeting with Executive Director)

1. Name: _____

Address: _____

Telephone #(s): _____

2. Name: _____

Address: _____

Telephone #(s): _____

Please allow my name to stand for nomination to The Center for Exceptional Families Board of Directors. I am willing to commit my time, energy and passion to The Center for Exceptional Families.

_____ **Signature**

_____ **Date**