



BOARD OF DIRECTORS CANDIDATE APPLICATION

Contact Information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (home) _____ (cell)

Email Address: _____

Candidate Profile:

Occupation: _____ Title: _____

Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Business Fax: _____

Education and/or Training/Certification:

Areas of Expertise: (Check all that apply)

Accounting _____ Banking _____ Entrepreneurship _____ Fundraising _____ Event Planning _____

Government _____ Human Resources _____ Media _____ Law _____ Insurance _____ Real Estate _____

Public Relations _____ Marketing/Advertising _____ Medical/Health _____ Technology _____

Finance _____ Administrative/Management _____ Human Services _____ Public Speaking _____

Community Relations _____ Strategic Planning _____ Public Education _____ Facilitation _____

Grant Writing _____ Dream Recipient _____

Other: _____

Board Experience: (if applicable)

Agency	Time Spent on Board	Position Held

Volunteer Experience: (if applicable)

Agency	Time Spent on Board	Position Held

Why would you like to become a member of A Child’s Dream Board of Directors?

Time Commitment:

Our Board members time commitment is approximately five (5) hours per month including travel (3 hours for Board meetings and 2 hours per committee meeting). Those who are elected to the Executive Committee can expect approximately three (3) hours per month of additional time per month including travel.

What amount of time per month would you be able to commit to your Board position? _____

Committee Participation:

The standing Board Committees are Dream Team, Dream Fulfillment, Fundraising, Finance and Community Relations.

Do you have and interest or expertise in any of these areas? _____

How did you learn about A Child’s Dream?
