**Board of Directors Applicant Form**

* **Personal Information**
* Name
* Date
* Email
* Address
* Street Address
* City
* State
* Zip
* Phone Number
* Home Phone
* Birth Date\* M/D/Y
* **Business/Work Information**
* Title/Profession
* Company Organization
* Email
* Work Phone
* Please list your current and past Board experiences
* What are your current associations and/or club affiliations, if any? (include titles if possible)

* Please list your skills and expertise
* What is your educational background?

* Please describe in details some of your greatest strengths and weaknesses
* What do you feel is essential to ensure that the Board and staff are successful in attaining the goals for this organization?

* What experiences, expertise, connections, or resources would you bring to WACP?

* Please detail your interest in joining this Board
* What type of Board tasks do you prefer?

* Please let us know if you have any specific project ideas you would like to propose.
* Have you ever been engaged in any specific fundraising efforts? If so with whom, how, and what was the amount raised?
* The CWACP Board will initially have 4 standing committees: (1) Board Building & Governance, (2)Development, (3) Finance & Human Resources, and (4) Program. Please check all that you would be interesting in joining.

Board Building & GovernanceFinance & Human ResourcesDevelopmentProgramOther

* How much time would you have to dedicate to the Board of Directors (a week, a month, etc…)?

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I affirm or declare all information in this application is true and correct as of this date:

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Signature Date