



## Board of Directors Application Form

Thank you for your interest in joining Easterseals Central and Southeast Ohio Board of Directors! Use this form to provide useful information about yourself, to ensure the best match between you and Easterseals for consideration for our Board. The following information will be shared. Please include your resume when sending this document. After completed, email to [kroby@easterseals-cseohio.org](mailto:kroby@easterseals-cseohio.org)

Please Print Clearly

Your Name: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Your Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

\_\_\_\_\_

Your email address:

\_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your current organizational affiliations (names of the organization and your role(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board development   | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Strategic planning  | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Staffing / HR       | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Volunteer management  |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_

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What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

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If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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                       Perhaps

