



New Day Board of Directors Application Form

Thank you for your interest in joining New Day Board of Directors! The information you share on this form will be shared with New Day Board.

Your name: _____

Your Home Phone Number: _____ Cell number: _____

Your address: _____

Your email address (please write it carefully):

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:

Board development

Financial management

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? _____

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.?

If you join the Board, you agree that you can provide at least 2 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