



Great After-School Place Board of Directors Application Form

Thank you for your interest in joining the Great After School Place Board of Directors! Please complete this application and return it to gapost@brookings.net.

Your name: _____

Your Home Phone Number: _____ Cell number: _____

Your 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? _____

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, are you able to commit to 2-4 hours a month in attendance to Board and Committee meetings, and do you confirm 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