



# Board of Directors Information Form

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**First Name**                      **Middle**                      **Last Name**                      **Preferred**

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**Home Address**                      **City**                      **State**                      **Zip**

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**County/Township**                      **Preferred Phone**                      **Alternate Phone**

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**Date of Birth (mm/dd/year)**                      **Gender**                      **Ethnicity**

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**Employer**                      **Title**

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**Employer Address**                      **City**                      **State**                      **Zip**

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**County/Township**                      Preferred Email Address -  Home or  Work

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**Emergency Contact**                      **Relationship**

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**Address**                      **City**                      **State**                      **Zip**

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**Preferred Phone**                      **Alternate Phone**

**Marital Status** -  Single       Married                      **Date Joined the Board** \_\_\_\_\_

Areas of Expertise/Professional Skills (please check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advocacy                    | <input type="checkbox"/> Event Planning            | <input type="checkbox"/> Financial Management             |
| <input type="checkbox"/> Fundraising                 | <input type="checkbox"/> Grant Writing             | <input type="checkbox"/> Graphic Design                   |
| <input type="checkbox"/> Gov/Public Sector Relations | <input type="checkbox"/> Government Representative | <input type="checkbox"/> Law/Legal                        |
| <input type="checkbox"/> Marketing/Public Relations  | <input type="checkbox"/> Real Estate               | <input type="checkbox"/> Strategic or Long-range planning |
| <input type="checkbox"/> Technology                  | <input type="checkbox"/> Other                     |   |