

**Figureworks Inc**  
**Board of Directors Application Form**

Thank you for your interest in joining a not-for-profit Board! Use this form to provide useful information about yourself, to ensure the best match between you and Figureworks as we might want to consider you for our Board of Directors.

We welcome individual applicants with suitable skills and experience to help us grow our vision.

This application will be kept confidential and on file at the corporate office. Applications are used by the Board’s Nominating Committee to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current board members.

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"/> Event Planning      | <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"/> Communications      | <input type="checkbox"/> Grant Writing        | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking |   |

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 2-4 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.

Please attach a current resume to your application. By submitting this application and a resume, I declare that: I certify that the information in this application and in my resume is accurate and true. I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the Organization. I also understand that acceptance as a board member includes joining the Membership of the Organization.

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