



# Application for Board & Committee Members

Please return completed application to: [Leanne@cfno.org](mailto:Leanne@cfno.org)

*Please include your resume if available.*

## Applicant Information

Name: \_\_\_\_\_  
Surname First Name Initial

Address: \_\_\_\_\_  
Street City Postal Code

Phones: \_\_\_\_\_  
Home Work Cell

E-mail: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

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

**What skills and/or experience do you have that you believe would contribute to your involvement with a Committee or the Board of Directors?**

## Committee Preferences

Check your preference:     Board     Committee     Both

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**Each member of the board is expected to sit on at least one committee.  
Which of the following committees holds the most appeal for you?**

- |   |  |
|---|--|
| <input type="checkbox"/> Governance Committee     | <input type="checkbox"/> Grants Committee              |
| <input type="checkbox"/> Board Resource Committee | <input type="checkbox"/> Human Resource Committee      |
| <input type="checkbox"/> Investment Committee     | <input type="checkbox"/> Vital Signs Program Committee |

*Participation on a committee requires you to attend committee meetings as well as complete tasks as required by the committee. For further info on committee responsibilities please request to see the terms of reference and volunteer job descriptions for each.*

## General Interest Questions

**What is your motivation for becoming involved with the Community Foundation?**

**What other groups or organizations are you currently involved with or have you been involved with in the past?**

**Why is now a good time for you to become involved with us?**

## References

Please supply the names of two references, preferably an employer, colleague and/or someone who knows your experience with a similar organization.

**Reference 1 - Name:** \_\_\_\_\_  
Surname First Name Initial

Address: \_\_\_\_\_  
Street City Postal Code

Phones: \_\_\_\_\_  
Home Work Cell

E-mail: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

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**Reference 2 - Name:** \_\_\_\_\_  
Surname First Name Initial

Address: \_\_\_\_\_  
Street City Postal Code

Phones: \_\_\_\_\_  
Home Work Cell

E-mail: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Signature

\_\_\_\_\_  
Signature (*digital or ink*)

\_\_\_\_\_  
Date