

CELEBRATE DIFFERENCES

BOD Application



Please complete this form and use additional pages if required. If you have a resume, please attach.

APPLICANT INFORMATION

Name

Home Address

Home Telephone

Cell Telephone

Email

SUMMARIZE YOUR EXPERIENCE WITH AND/OR YOUR INTEREST IN CELEBRATE DIFFERENCES.

SKILLS EVALUATION

	Very Experienced	Some Experience	Little or No Experience
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Media Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Events (planning and implementing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the items that you checked as "very experienced" or "some experience", please provide details.

Please outline your experience, if any, as a volunteer board or committee member.

Who may we contact for information about your performance in your past position/s? Please provide name, telephone number and email if available.

Please mail or email your completed application to:

Celebrate Differences
2758 B Rt 34 Ste 327
Oswego, IL 60543
(630)885-3006
info@celebratedifferences.org