

## Sail2Change Board of Directors Application Form

Thank you for your interest in joining Sail2Change Board of Directors! Use this form to provide useful information about yourself, to ensure the best match between you and the organization. The following information will be shared:

Your Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Your Email Address (please write it carefully):

\_\_\_\_\_

What makes our mission meaningful to you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What motivates you?

\_\_\_\_\_

\_\_\_\_\_

Your current organizational affiliations (names of the organization and your roles):

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 skills, connections, resources, and expertise do you have to offer and are willing to use on behalf of the organization?

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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.?

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If you join the Board, you agree that you can provide at least 3-7 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 provide three references:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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