

Prospective Board Member Information Sheet

Name of prospective board member: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Mobile Phone: _____

Source of referral/information: _____

Special skills

- | | |
|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Personnel/Human Resources | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Business | <input type="checkbox"/> Other: |

Professional background

- | | |
|--|---|
| <input type="checkbox"/> For-profit business | <input type="checkbox"/> Nonprofit organization |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other: |

Education

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some graduate coursework |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Undergraduate college degree | |

Other affiliations: _____

Other board service: _____

Known levels of giving: _____

Other pertinent information: _____