

## The Crawford Crew PROSPECTIVE BOARD MEMBER APPLICATION

After reading our Board member responsibilities document, please complete this application and submit it to <a href="mailto:di@thecrawfordcrew.org">di@thecrawfordcrew.org</a>.

<u>Contact Information</u>	
Name:	
Company/Organization:	
Business Address:	
Home Address:	
Home Phone: Cell:	
Email:	
Relevant Skills and Experience	
A. Experience (personal and/or professional) with Cervical Cancer, Women's Health or other	er Concers
Please tell us your experience (include all that apply)	1 Cancers
riease ten us your experience (include an that apply)	
□ Parent □ Other Family Member □ Friend of Family □ Self □ Othe	r
□ Professional Experience □ None	-
Please explain if you wish	
B. Volunteer Experience	
1. Have you served on a Board of other not-for-profit organizations? ☐ Yes ☐ No	
If yes, please provide the names of the organizations and dates of service:	
2. Briefly describe your overall contribution/involvement to these organizations:	
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3. Briefly describe any other volunteer ex	xperience:	
Strengths and Skills		
If you are selected to become a member of 'I	The Crawford Crew Board of Directors.	where do you
think your skills, experience and interests wo		,
☐ Education & Support Finance ☐ Public Policy/Advocacy	□ Community Outreach	□ Planning
□ Public Policy/Advocacy	☐ Marketing & Communications	
□ Fundraising/Donor Development	☐ Grant Research/Writing	□ Other
Briefly describe why you would like to serve bring to the organization.	on The Crawford Crew Board and wha	t you feel you will
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Referral		
Were you referred as a candidate for the Boa	ard? □ Yes □ No	
If yes, by whom?		
How are they connected to TCC?		
Acknowledgements		.1 1 '11'
☐ I certify I have no Conflict of Interest wit disclose any and all perceived.	in other organizations I am involved wil	in and am willing to
disclose any and an perceived.		
Signature:	Date:	
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Thank you for your interest in serving on The Crawford Crew Board of Directors!