

PROSPECTIVE BOARD MEMBER APPLICATION

After reading our Board member responsibilities document, please complete this application and submit it to di@thecrawfordcrew.org.

CONTACT INFORMATION

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 Cancers. Please tell us your experience (include all that apply):

Parent Family Member Friend of Family Self Other 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:

3. Briefly describe any other volunteer experience:



STRENGTHS AND SKILLS

If you are selected to become a member of The Crawford Crew Board of Directors, where do you think your skills, experience and interests would best be utilized?

Education & Support Finance Community Outreach Planning Public Policy/Advocacy Special Events
Marketing & Communications Fundraising/Donor Development Grant Research/Writing Other

Briefly describe why you would like to serve on The Crawford Crew Board and what you feel you will bring to the organization.

REFERRAL

Were you referred as a candidate for the Board? Yes No

If yes, by whom? _____

How are they connected to TCC? _____

ACKNOWLEDGEMENTS

I certify I have no Conflict of Interest with other organizations I am involved with and am willing to disclose any and all perceived.

Signature: _____ Date: _____

Thank you for your interest in serving on The Crawford Crew Board of Directors!

