

**No Limits Eastern Shore
Board of Directors Candidate Application**

Date _____

Name _____

First

MI

Last

Residence:

Address _____

Home Phone _____ **Cell Phone** _____

Email _____

Preferred Mode of Contact _____

Please tell us a little about your background – where you work or have worked, organizations that you are affiliated with/other volunteer commitments, any special areas of interest and/or expertise. Please include any relevant experience with survivors of brain injury.

Education/Training/Certificates

Skills, Experience and Interests (Please circle all that apply)

Finance, accounting
Personnel, human resources
Administration, management
Nonprofit experience
Community service

Policy development
Program evaluation
Public relations, communications
Education, instruction
Special events

Grant writing
Fundraising
Outreach, advocacy

Other _____
Other _____
Other _____

Please tell us anything else you'd like to share.

Candidate Signature: _____



FOR BOARD USE:

- Candidate has a personal meeting with Executive Director, Board Chair, or other Board Member. Date: _____
- Candidate attends a Board Meeting. Date: _____
- Candidate voted on by Board. Date: _____ Outcome: YES/NO (circle one)
- Accepted Candidate provided with By-laws and Orientation. Date: _____
- Acknowledgements and application on file. Date: _____