



**POTENTIAL BOARD/ADVISORY MEMBER QUESTIONNAIRE FORM**

Thank you for your interest in serving Tri-County Human Services, Inc. Your completion of this application is necessary for the Nominating Committee to review each application as part of their consideration for Tri-County Board appointments.

<b>Name:</b>		
<b>Home Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail: (Check here if you want emails sent here <input type="checkbox"/>)</b>
<b>County of Residence:</b>		
<b>Work (if applicable) Company &amp; Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail: (Check here if you want emails sent here <input type="checkbox"/>)</b>

**Summarize your experience with and/or interest in our organization.**

**Background:**  
**Current Occupation and Employer:**

**Education and Work Experience:**

**Community Involvement (including other non-profit boards you serve on and your position):**

**References: Please list two references (business and/or personal). Include name, address and telephone number.**

Indicate what skills and knowledge you are willing to bring to our board? Please indicate your willingness to help in the following areas:	Very willing to help/have strong experience	Somewhat willing to help/have some experience	Reluctant to help/have little or no experience in this area	Willing to help but do not have experience in this area
Strategic planning, program planning and evaluation				
Fundraising, special events (planning and implementing)				
Annual appeals and renewals				
Database management				
Financial management and control (budgeting, accounting)				
Communication, public and media relations				
Public speaking				
Organizational development				
Information technology				
Writing, journalism				
<i>[List other skills, knowledge you are willing to contribute]:</i>				

I understand the responsibilities associated with being a board member and I have adequate time to serve if appointed.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE