

Board Member Application

Name: _____ Date of Birth: __/__/_____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

How did you hear about this position at Essex CHIPS?

- Essex CHIPS website
- United Way
- School (please list) _____
- Essex Reporter
- Friend
- Other _____

Why have you decided to seek a Board position with Essex CHIPS?

What skills/experiences do you have that you could share as a member of the Board of Directors at Essex CHIPS? (check all that apply)

<input type="checkbox"/> Passionate about CHIPS' mission	<input type="checkbox"/> Nonprofit background/experience	<input type="checkbox"/> Public health background/experience
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Financial management background/experience	<input type="checkbox"/> Advertising/marketing skills and experience
<input type="checkbox"/> Availability and flexibility	<input type="checkbox"/> Knowledge of/connections to the communities we serve	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Ability to follow through on assigned tasks	<input type="checkbox"/> Connections to youth	<input type="checkbox"/> Local and/or state political background/experience
<input type="checkbox"/> Prior board experience	<input type="checkbox"/> Leadership skills and experience	<input type="checkbox"/> Event planning background/experience
<input type="checkbox"/> Other (please list):		

