

Application for Board

Board of Directors Candidate Application

This information is for the confidential use of the Gainesville Commission on the Status of Women's Nominating Committee. To compare the strengths of the proposed candidate with the current needs of the GCOSW Board, this form is divided into two primary sections. The first section covers background data. The second part covers the candidate's expertise in areas fundamental to the functioning of the Board. The Nominating Committee believes that it is essential that the Board reflects a variety of perspectives, as well as other specific expertise, and will evaluate all candidates accordingly.

PLEASE ATTACH YOUR RESUME OR VITA TO THIS FORM

Name, phone, email address of organizational representative:

Please return this application to the above address by (date): _____

Name _____ First

MI _____ Last _____ Familiar name _____

Address _____

Phone _____

E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization:

Primary service(s) and area/population served:

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
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Education/Training/Certificates

Optional ? Have you received any awards or honors that you'd like to mention?

How do you feel GCOSW would benefit from your involvement on the Board?

Have you previously been involved with the GCOSW or its activities? Yes No

If yes, please describe any GCOSW Committee involvement:

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 list any groups, organizations or businesses that you could serve as a liaison to on behalf of **GCOSW**.

Thank you very much for applying

Please return the completed form to:

JoAnn Wilkes

Chair of Nominating Committee

PO Box 13245

Gainesville, FL 32604

<http://www.gcosw.org/>

gcosw.org@gmail.com