



## BOARD OF DIRECTORS APPLICATION FORM

After reading our Board member responsibilities document, please complete this application and submit to [info@denardopolkmemorialfounaction.org](mailto:info@denardopolkmemorialfounaction.org), subject: Board Applicant.

### Contact Information:

Name: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

### A. Relevant Skills & Experience:

Experience (personal and/or professional) with foster care system or working with children and families in crisis. Please tell us your experience.  Resume Included

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. Volunteer Experience:

1. Have you served on the 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Strengths and Skills:**

If you are selected to become a member of the Lisa DeNardo-Pete Polk Memorial Foundation Board of Directors, where do you think your skills, experience and interests would best be utilized?

- |  |  |
|--|--|
| <input type="checkbox"/> Governance & Compliance | <input type="checkbox"/> Fundraising/Donor Development |
| <input type="checkbox"/> Special Events          | <input type="checkbox"/> Finance & Budgeting           |
| <input type="checkbox"/> Community Outreach      | <input type="checkbox"/> Program Planning              |
| <input type="checkbox"/> Public Policy/Advocacy  | <input type="checkbox"/> Marketing & Communications    |
| <input type="checkbox"/> Technology              | <input type="checkbox"/> Legal                         |
| <input type="checkbox"/> Other                   |  |

Briefly describe why you would like to serve on the Lisa DeNardo-Pete Polk Memorial Foundation 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? \_\_\_\_\_

**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 Lisa DeNardo – Pete Polk Memorial Foundation Board of Directors!**