## Board of Directors Application

# Genesee Valley Chapter



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| Applicant Information |
| Full Name: |       |       |     | Date: |       |
|  Last | First | M.I. |
| Address: |       |       |
|  Street Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Home Phone: | (     )       | Home E-mail Address: |       |
| BusinessPhone: | (     )       | Business E-mail Address: |       |
| Mobile Phone: | (     )       | How do you prefer to be contacted? |       |
| Approximately how many hours per week are you available to devote to this position? |       |  |  |  |  |
| Board Position Applied for: |       |
| Are you currently a member of GV ASTD? | YES[ ]  | NO[ ]  | If yes, for how long?       |  |  |
| Are you currently a member of National ASTD? | YES[ ]  | NO[ ]  | If yes, for how long?       |  |  |
| Are you currently a member of other professional organizations? | YES[ ]  | NO[ ]  | If yes, which ones? |       |
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| Interests and Professional Skills  |
| Please provide a brief overview of your key skills and professional experience : |       |
| Briefly describe why you are interested in a Board of Directors position. |       |
| How do you feel you can bring value to GV ASTD in the position that you are applying for? |       |
| Please indicate your professional skills in any of the following key areas (check all that apply): |
| Professional skill development  | [ ]  | Event planning/management | [ ]  |
| Written communications/editing | [ ]  | Website design/management | [ ]  |
| Project management | [ ]  | Fundraising/sponsor development | [ ]  |
| Public relations | [ ]  | Social media | [ ]  |
| People leadership | [ ]  | Other (please specify) |       |
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| Previous Involvement  |
| Please describe any past or present involvement (volunteer work; committee work; board position, etc.) with GV ASTD or National ASTD. |       |
| Please describe any past or present involvement (volunteer work; committee work; board position, etc.) with other professional and/or non-profit organizations. |       |
| References |
| Please provide three professional references. |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: | (     )       |
| Address: |       | Email :       |
|  |  |  |  |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: | (     )       |
| Address: |       | Email :       |
|  |  |  |  |
| Full Name: |       | Relationship: |       |
| Company: |       | Phone: | (     )       |
| Address: |       | Email :       |
| Current Employment |
| Company: |       |  |  |
| Address: |       |  |  |
| Job Title: |       |  |  |  |  |
| Responsibilities: |       |
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| Please submit a copy of your current resume with your application. Please submit your completed form to kelli.loveless@gvastd.org |
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| I understand that my application will be confidentially reviewed by the GV ASTD Board of Directors and officer nominating committee. Initial here:       |
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