

THE SPAHR CENTER

*We serve, support and empower Marin's LGBTQ community
and all those in the county living with and affected by HIV*

BOARD OF DIRECTORS APPLICATION FOR MEMBERSHIP

Date: _____

Name _____ Phone _____

Address _____

City _____ State: _____ Zip: _____

Email address _____

Employment background/experience (please attach resume): _____

What attracts you to The Spahr Center? _____

Are you and your family comfortable with our mission and all of our programs and services? Please explain, as needed. _____

Explain the knowledge; strengths; skills and areas of expertise that you would offer as a board member

Please list your board and fundraising experience.

FOR BOARD USE ONLY

Nominee has met with Executive Director and/or Board President

Date: _____

Nominee has been interviewed by members of the Nominating Committee

Date: _____

Nominee has been introduced at a board meeting.

Date: _____

Action taken by the Board: _____