



**Marin Women’s Hall of Fame
Board Of Directors ~ Application Form**

Responses to and completion of this document constitute an agreement with Marin Women’s Hall of Fame to perform at the highest levels in concert with the strategies and plans of MWHF.

Date _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____

City: _____ Zip Code _____

e-mail _____

1) Relevant Experience and/or Employment (Please attach a CV/Resume.) _____

2) Why are you interested in our organization? How passionate are you about MWHF?

3) Area(s) of expertise/Contribution you feel you can make _____

4) On a scale of 1 – 10 (high), how much time do you plan to give to MWHF? _____

5) Are you willing to make a financial contribution of \$365 per year as a board member donation (one dollar per day)? _____

6) Are you willing to bring in a MINIMUM of \$3,000 in additional donations or sponsorship, etc.? _____

7) With your pledge of bringing in a minimum of \$3,000 in donations/sponsorship, how will you produce this revenue for Marin Women's Hall of Fame?

8) On a scale of 1 – 10....how much time will be devoted to help raise funds? _____

9) What specific skills do you have that will support the success of the organization?

10) What motivates you as a volunteer? _____

11) Which of these three primary board roles: ambassador, advocate, fundraiser...are you most interested in? _____

12) What role are you least interested in ? _____

13) Are you willing to serve on committees to help produce our fundraising events?

14) What kind of committee do you envision serving on? _____

15) Have you ever served as a Trustee, Member of a Board before? Please list all organizations: _____

CURRENT: Other board memberships, organizations, volunteering, affiliations, etc. _____

16) Can you serve a Board Term of 2 years? _____

17) Are you available to work on projects during the day? _____

18) What are your special skills and what are your computer skills: _____

19) On a scale of 1-10, how would you rate your social and professional capital and networking skills? _____

20) Please list the names of the professional and social organizations that you belong to:

21) On a scale of 1-10, how would you rate your ability to raise funds for MWHF? _____

22) Are you flexible to attend both evening or daytime meetings? _____

23) Are there any professional or personal constraints on your time or service that we should know about? _____

24) Please attach 3 references along with your CV/Resume. Thank you.

Please include a cover letter if there is any additional information that you think could prove helpful to us. Thank you for your interest in Marin Women’s Hall of Fame.

For Board Use (please do not mark below this line)

___ Nominee has had a personal meeting with either Executive Director, Board President, or other board member. Date _____

___ Nominee reviewed by the committee. Date _____

___ Nominee attended a board meeting. Date _____

___ Nominee interviewed by the board. Date _____

Action taken by the board

Please print out and mail completed form to: President, Board of Directors

MWHF P.O. Box 4142 San Rafael, CA 94913-4142 415.455.4900