



Board of Directors Application

Name: _____

Address: _____

Occupation: _____ Email: _____

Employer Name: _____

Work phone: _____ Fax number: _____

Home phone: _____ Other phone: _____

Please check any areas in which you could make contributions to Boojum's board:

- | | | |
|--|--|---|
| <input type="checkbox"/> fundraising | <input type="checkbox"/> non-profit management | <input type="checkbox"/> independent school teaching/admin. |
| <input type="checkbox"/> marketing | <input type="checkbox"/> environmental education | <input type="checkbox"/> college/univ. teaching/admin. |
| <input type="checkbox"/> legal affairs | <input type="checkbox"/> natural history/ecology | <input type="checkbox"/> financial management |
| <input type="checkbox"/> medicine | <input type="checkbox"/> outdoor education | <input type="checkbox"/> counseling/psychology |

____ other (please specify) _____

How are you qualified for a board position? _____

On what other boards have you served? _____

What charitable or community activities have you been part of? _____

Can you regularly attend board meetings? ☐ Yes ☐ No

How many hours per month, in addition to quarterly meetings, could you serve this organization? _____

Would you attend an orientation session for new board members? ☐ Yes ☐ No

Will you make a financial commitment to support this non-profit? ☐ Yes ☐ No

Please provide the name and phone numbers of two references:

Name: _____ Phone number: _____

Occupation: _____

Relationship to candidate: _____

Name: _____ Phone number: _____

Occupation: _____

Relationship to candidate: _____

Signature: _____ Date: _____

(Entering your name will be your agreement signature.)

Please attach a current resume. Thank you for your interest in the Boojum Institute for Experiential Education.