



**Friends of the Monona Senior Center**

**Board of Directors Candidate Application**

1. Candidate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Currently in Workforce \_\_\_\_\_ or Retired \_\_\_\_\_

3. Current / Last Employer \_\_\_\_\_

4. Relevant Experience and/or Employment. Please attach resume or summary of experience.

5. Please check area(s) of expertise/contribution you feel you can make to further the mission of the Friends of the Monona Senior Center?

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| <input type="checkbox"/> Sponsorship Solicitation                | <input type="checkbox"/> PR/Marketing          |
| <input type="checkbox"/> Committee/Committee Chairs              | <input type="checkbox"/> Writing               |
| <input type="checkbox"/> Special Events (Concerts, Fashion Show) | <input type="checkbox"/> Promotion/Advertising |
| <input type="checkbox"/> Finance/Accounting                      | <input type="checkbox"/> Public Relations      |
| <input type="checkbox"/> Membership Recruitment/Retention        | <input type="checkbox"/> Leadership            |
| <input type="checkbox"/> Technology/Website/Social Media         | <input type="checkbox"/> Fundraising           |

6. Please list prior experience serving as a Board member for other non- profit organizations:

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7. Please list your other current volunteer activities:

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8. Please, explain your interest in serving as a Board member for the Friends of the Monona Senior Center:

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9. Please share any other information you feel important for consideration of your application to serve as a Friends of the Monona Senior Center Board member:

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For Board Use

\_\_\_ Nominee reviewed by the committee      Date \_\_\_\_\_

\_\_\_ Nominee Proposed to the Board      Date \_\_\_\_\_

\_\_\_ Board Action \_\_\_\_\_      Date \_\_\_\_\_