



**SMILE Community Action Agency, Inc.**

***Board of Director's Application***

**Please complete this application. Use additional pages if required.**

Name		
Home Address		
Phone	Fax	E-Mail
Work (if applicable) Company & Address		
Phone	Fax	E-Mail

Summarize your experience with and/or interest in our organization.
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What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas.	Very experienced	Some experience	Little or no experience
Strategic planning			
Fundraising			
Board development (recruitment, training, evaluation)			
Program planning and evaluation			
Recruiting, hiring and evaluating personnel			
Financial Management and control (budgeting, accounting, financial reports, audits, 990)			
Communication, Public and Media relations;			
Participation in interagency committees.			
Public speaking			
Organizational development			
Information technology			
writing, journalism			
special events (planning and implementing)			
Non-Profit Community Action Agency			

For the items you checked as “very experienced” or “some experience”, please provide details.

If not described above, please outline your experience as a volunteer board or committee member?

Who may we contact for information about your performance in these positions?

Please attach résumé.

Please provide any additional information of your attributes that you believe SMILE Community Action agency, would benefit from in you becoming a member.

***By signing below, you have verified that the above information provided is correct. Any misrepresentation of documents may result in your inability to volunteer your services as a SMILE Board of Directors member.***

**Prospective Board Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_