

Board Member Application

Contact Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Biography & Experience

Brief biography (please attach résumé as well): _____

Please explain why you are interested in serving as a board member for Lumina Alliance: _____

Please list memberships in other organizations: _____

Please describe any previous experience in the sexual assault and/or domestic violence field or similar area?

Areas of Interest

Please list and describe your areas of interest or experience: _____

Board recruitment & development: _____

Financial oversight: _____

Fundraising: _____

Public relations (public speaking, media, etc.): _____

Other: _____

References (please list two)

Name: _____ Relationship: _____

Email: _____ Phone: _____

Name: _____ Relationship: _____

Email: _____ Phone: _____

Who referred you to Lumina Alliance? (self, friend, board member, etc.)?

Is there anything else you would like us to know?

Signature

Signature

Printed Name

Date

Application Date: _____

Start Date: _____

Resignation Date: _____

