

Board of Directors Application Form (Please Print)

Name:		
Address:		
City:	State:Zip Co	ode:
Phone:	E-mail:	
List Preferred Method of Conta	ect:	
Current Position/Employer/or I	Retired:	
How do you feel the FLC will I	penefit from your involvement o	n the board?
Please check the areas of exper of The Family Learning Center		ou can make to further the mission
Fundraising Capital Campaign Communications/Marketing Social Media/Technology Work with Diverse Groups Finance/Accounting	Grant Writing Events Planning Program Evaluation Policy Development	Major Donor Contacts Public Relations Community Engagement Strategic Planning Legal Expertise Admin/Management
Please list any additional skills by the items above.	you bring to or could contribute	to the FLC that are not covered
Please list organizations, group of the FLC.	s, businesses, foundations, etc. the	hat you could liaise with on behal
Please share any other information	tion that you feel is important that	at we have not addressed above.