



Foundation Board Member Application Form

Date _____

Name _____

Home

Address _____

Phone _____ E-mail _____

Cell Phone _____

Employer *(if applicable)*

Organization _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Preferred method of contact: Work Home Cell

1. Summarize your experience with and/or interest in our organization:

2. Please list current and/or prior board service. *(Previous board experience is not a requirement.)*

3. As a charitable organization, are you willing to help us fundraise and to make a personal financial contribution that is meaningful to you?

4. Skills, experience and interest: *(Please circle all that apply)*

Finance, accounting
Personnel, human resources
Administration, management
Nonprofit experience
Community service
Policy development
Program evaluation
Public relations, communications

Education, instruction
Special events
Grant writing
Fundraising
Outreach, advocacy
Other _____
Other _____
Other _____

5. Please provide two references who could speak to your ability to serve on this board:

Name _____

Title _____

Phone _____ E-mail _____

Name _____

Title _____

Phone _____ E-mail _____

Please return completed application by mail or email to:

ImagineIF Library Foundation
Attn: Adam Tunnell, Executive Director
44 2nd Ave West, Suite 104, Kalispell, MT 59901
adam@imagineiflibraryfoundation.org

Thank you very much for applying!