



MONTANA
CENTER FOR
INTERNATIONAL
VISITORS

Board of Directors Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Personal Information

Birthday: _____ Spouse's Name: _____

Children's Names: _____

Personal Experience: _____

Interests/Hobbies: _____

Recent Volunteer/Board Activities: _____

Availability to Serve

Meetings are scheduled to meet every other month. Will you be able to attend regularly?

Yes No

Will you have the time to serve on one committee?

Yes No

What skills could you contribute to our board? (Please check all that apply)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Management |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Fundraising | |

Other areas of interest pertaining to this organization: _____

References

Reference One

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Reference Two

Name: _____ Relationship: _____

Address: _____

Day Phone: _____ Evening Phone: _____