



PLEASE ATTACH YOUR RESUME TO THIS APPLICATION

CONTACT AND DEMOGRAPHIC INFORMATION

Name:

Pronouns:

Current address:

Email:

Phone:

BACKGROUND INFORMATION

Employer Name (if employed):

Current occupation:

Please share any relevant education, career experiences, leadership skills and achievements:

What other volunteer positions have you held?

MISSION ALIGNMENT

In what ways have you interacted with our organization before applying for the board (examples: committee member, client, donor, event attendee, etc)?

Why is FAR's mission important to you?

Why do you want to be on our board?

BOARD APPLICATION

GOVERNANCE

If you have served on a board before, please provide the name, dates of service and reason for leaving for the three most recent board positions:

	NAME:	DATES OF SERVICE:	REASON FOR LEAVING:
1			
2			
3			

Each year, every board member is required to disclose any potential conflicts of interest as a board member. Please describe any conflicts of interest you would need to disclose if you joined the board: _____

Board meetings are scheduled for the second Wednesday of each month from 6 PM to 8 PM. Are you available at this time? Yes No

The minimum expectations for board members are listed below. Please confirm your ability and willingness to meet each.

If selected for the board:

- I will attend and actively participate in at least 6 of the 9 monthly board meetings.
- I will make a personal annual financial gift at a level that is personally significant.
- I will raise at least \$750 per year for the organization by personal donations, direct solicitations, selling tickets to events, in-kind donations or other fundraising activities.
- I will serve on at least one committee
- I will prospect at least three relationships on behalf of the organization.

PRINT NAME:	SIGN:	DATE:
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Please return application to Pamela Ayres at:

FAR Therapeutic Arts and Recreation- 1669 West Maple Road, Birmingham, MI 48009

Phone: 248.646.3347 Fax: 248.646.4480 Email: payres@FAR-therapy.org