



Board Member Application Form

Thank you for your interest in our Board of Directors! We will help you carefully decide whether you want to join, then we will orient you to our organization, train you in the roles and responsibilities of a member of a nonprofit Board.

Please read the enclosed materials, fill out this application and return it to:

*Dallas Food Bank
322 Main St., Suite 180
Dallas, OR 97338*

If you have any questions, you can call (503) 623-3578 or the board member who has asked you to consider this opportunity to serve your community. The Board will review your application and get back to you soon.

Your name: _____

Your phone number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join our Board of Directors:

Your current/prior organizational affiliations (names of the organization and your role(s)):

1: _____

2: _____

3: _____

4: _____

Do you have a current or prior association with Dallas Food Bank or with volunteers, staff or Board members? If so, please provide detail.

How would your experience and background be classified in terms of augmenting the composition of the Board?

- | | | |
|----------------------------------------------|---------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Polk Co. nonprofit | <input type="checkbox"/> Other nonprofit | <input type="checkbox"/> Dallas Food Bank Volunteer |
| <input type="checkbox"/> Food Industry | <input type="checkbox"/> Business | <input type="checkbox"/> Religious institution |
| <input type="checkbox"/> Public organization | <input type="checkbox"/> Community at large | <input type="checkbox"/> Other |

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing/HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community Networking | <input type="checkbox"/> Facilities management |

Other skills you would like to utilize:

What do you hope to gain for yourself out of your participation on the Board?

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to the Board and committee meetings, and that you do not have any conflict of interest in participating on the Board.

Your signature: _____ **Date:** _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps