



## Board of Directors Candidate Application

Name, phone, email address of organizational representative:  
 Janet Barker, (206) 914-2060, janet@birthdaydreams.org, Board Chair

**Date :**

**Name**

First	MI	Last	Familiar Name

**Residence**

Address:	
Phone:	E-mail:

**Employer**

Name:	
Your title:	
Address:	
Phone:	E-mail:
Type of business or organization:	
Primary service(s) and area/population served:	

Preferred method of email contact:  Residence  Work

Preferred method of phone contact:  Residence  Work

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service



**Education/Training/Certificates:**

**Optional** – Have you received any awards or honors that you'd like to mention?

How do you feel Birthday Dreams would benefit from your involvement on the Board?

**Skills, experience and interests (Please check all that apply)**

<input type="checkbox"/> Finance, accounting	<input type="checkbox"/> Education, instruction
<input type="checkbox"/> Personnel, human resources	<input type="checkbox"/> Special events
<input type="checkbox"/> Administration, management	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Nonprofit experience	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Community service	<input type="checkbox"/> Outreach, advocacy
<input type="checkbox"/> Policy development	<input type="checkbox"/> Other
<input type="checkbox"/> Program evaluation	<input type="checkbox"/> Other
<input type="checkbox"/> Public relations, communications	<input type="checkbox"/> Other

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Birthday Dreams.

Please tell us anything else you'd like to share.

**Thank you very much for applying**