

Board Application Form

1. Candidate Name _			
Mailing Address _			
City		State	Zip
Home Phone	Work/Cell Phone	Email	
2. Current position/e	mployer:		
3. Relevant Experien	nce and/or Employment	. Resume helpful but not n	necessary.
4. Please circle area(s) Turning Point:) of expertise/contributi	on you feel you can make	to further the mission of
Fundraising Special Events Capital Campaign	Strategic Planning		Finance Technology
5. Please list prior exp	perience serving as a Bo	oard member for other non-	-profit organizations:

. What other volunteer commitments do you currently have?	
. Why are you interested in serving as a Board member for Turning	; Point'?
. Please share any other information you feel important for conside serve as a Turning Point Board member.	eration of your application to
For Board Use Nominee has had a personal meeting with either the Executive I	
Board member. Nominee reviewed by the committee.	Date
	Date Date
Nominee proposed to the Board.	Date

If you are interested in serving on the Turning Point Board of Directors, please complete and return this form along with any additional information to our office:

Email: sponitz@turnpt.org Fax: 815.338.8110