Board Application Form

1. Candidate Name _____

   Mailing Address _____

   City _____ State _____ Zip _____

   Home Phone _____ Work/Cell Phone _____ Email_____

2. Current position/employer: _____

3. Relevant Experience and/or Employment. Resume helpful but not necessary.

4. Please circle area(s) of expertise/contribution you feel you can make to further the mission of Turning Point:

☐ Fundraising ☐ Policy Development ☐ Public Policy/Advocacy ☐ Finance
☐ Special Events ☐ Strategic Planning Evaluation ☐ Technology
☐ Capital Campaign ☐ Mental Health ☐ Political Contacts

5. Please list prior experience serving as a Board member for other non-profit organizations:

6. What other volunteer commitments do you currently have?

7. Why are you interested in serving as a Board member for Turning Point?

8. Please share any other information you feel important for consideration of your application to serve as a Turning Point Board member.

For Board Use

☐ Nominee has had a personal meeting with either the Executive Director, Board Chair, or other Board Member Date _____

☐ Nominee reviewed by the committee. Date _____

☐ Nominee proposed to the Board. Date _____

☐ Board action Elected Rejected (blank) 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: mmaule@turnpt.org Fax: 815.338.8110