

BRIGHT LIGHTS BOARD MEMBERSHIP APPLICATION

THANK YOU FOR YOUR INTEREST IN THE BOARD OF DIRECTORS OF BRIGHT LIGHTS. PLEASE COMPLETE THE FOLLOWING APPLICATION SO THAT WE CAN MAKE THE BEST USE OF YOUR TALENTS AND EXPERTISE AND OFFER YOU THE MOST REWARDING EXPERIENCE AS A BOARD MEMBER.

N AME	Date	
HOME ADDRESS:		
Business Address:		
PHONE NUMBER: (HOME)	(BUSINESS)	
(CELL)	(FAX)	
EMAIL ADDRESS:		
	D EMPLOYER/COMPANY NAME):	
WHAT IS YOUR EXPERIENCE AS A MEMBER (
How many hours per month can you :	SERVE BRIGHT LIGHTS?	
WILL YOU ATTEND REGULAR BOARD MEETII YES No	NGS AND COMMITTEE MEETINGS?	
WILL YOU ATTEND A NEW MEMBER ORIENT	ration?	
□ YES □ No		

	CONFIDENTIA
WILL YOU COMMIT TO A MEANINGFUL ANNUAL FINANCIAL COMMITMENT?	
□ Yes	
□ No	
Why do you want to become a board member of Bright Lights?	

SKILLS/EXPERIENCE (CIRCLE ALL THAT APPLY):

ACCOUNTING **GRAPHIC DESIGN TRAINING GROUP FACILITATION** TRUST & ESTATE **ADMINISTRATION ADVERTISING** HEALTH/MEDICAL Knowledge ARCHITECTURE & DESIGN INSURANCE **TV PRODUCTION** ART BACKGROUND **L**EGAL **VOLUNTEER DEVELOPMENT**

SPECIAL EVENTS PLANNING

BANKING MANAGEMENT SKILLS

BUDGETING MARKETING

MULTICULTURAL SENSITIVITY **BUSINESS OPERATIONS**

BUSINESS PLAN DRAFTING PERSONNEL CHILD CARE **ADMINISTRATION**

COMMUNICATIONS PLANNING

POST SECONDARY

COMMUNITY RELATIONS PROGRAM DEVELOPMENT

COMPUTER SKILLS **PUBLIC RELATIONS EDUCATION** PUBLIC SPEAKING

> **ELEMENTARY REAL ESTATE DEVELOPMENT**

SECONDARY SOCIAL SERVICES

ENGINEERING STRATEGIC PLANNING FINANCIAL PLANNING TAX KNOWLEDGE FOUNDATION WORK **TEAM BUILDING**

FUND RAISING TELECOMMUNICATIONS