Bright Lights
SUMMER LEARNING ADVENTURES

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.

NAME_____ DATE_____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: (HOME)_____ (BUSINESS) _____

(CELL) _____ (FAX) _____

EMAIL ADDRESS: _____

CURRENT POSITION(S) (INCLUDE TITLE AND EMPLOYER/COMPANY NAME): _____

_____

WHAT IS YOUR EXPERIENCE AS A MEMBER OF OTHER BOARDS OF DIRECTORS?

HOW MANY HOURS PER MONTH CAN YOU SERVE BRIGHT LIGHTS?

WILL YOU ATTEND REGULAR BOARD MEETINGS AND COMMITTEE MEETINGS?

- ☐ YES
- ☐ NO

WILL YOU ATTEND A NEW MEMBER ORIENTATION?

- ☐ YES
- ☐ NO

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
- ☐ ADMINISTRATION
- ☐ ADVERTISING
- ☐ ARCHITECTURE & DESIGN
- ☐ ART BACKGROUND
- ☐ BANKING
- ☐ BUDGETING
- ☐ BUSINESS OPERATIONS
- ☐ BUSINESS PLAN DRAFTING
- ☐ CHILD CARE
- ☐ COMMUNICATIONS
- ☐ COMMUNITY RELATIONS
- ☐ COMPUTER SKILLS
- ☐ EDUCATION
  - ☐ ELEMENTARY
  - ☐ SECONDARY
  - ☐ POST SECONDARY
- ☐ ENGINEERING
- ☐ FINANCIAL PLANNING
- ☐ FOUNDATION WORK
- ☐ FUND RAISING
- ☐ GRAPHIC DESIGN
- ☐ GROUP FACILITATION
- ☐ HEALTH/MEDICAL
- ☐ INSURANCE
- ☐ LEGAL
- ☐ MANAGEMENT SKILLS
- ☐ MARKETING
- ☐ MULTICULTURAL SENSITIVITY
- ☐ PERSONNEL
- ☐ ADMINISTRATION
- ☐ PLANNING
- ☐ PROGRAM DEVELOPMENT
- ☐ PUBLIC RELATIONS
- ☐ PUBLIC SPEAKING
- ☐ REAL ESTATE DEVELOPMENT
- ☐ SOCIAL SERVICES
- ☐ SPECIAL EVENTS PLANNING
- ☐ STRATEGIC PLANNING
- ☐ TAX KNOWLEDGE
- ☐ TEAM BUILDING
- ☐ TELECOMMUNICATIONS
- ☐ TRAINING
- ☐ TRUST & ESTATE KNOWLEDGE
- ☐ TV PRODUCTION
- ☐ VOLUNTEER DEVELOPMENT