Impact Center Board Member Application

Date: _____

Full Name _____

Address _____

Is your primary residence located within the Gothenburg school district? Yes No

Primary Phone _____ Secondary Phone _____

Email Address _____

Employer _____

Occupation/Position _____

List education or training relevant to serving on the Impact Center Board:

List previous work experience (employer, position and dates):

List community volunteer service, including other board service:

Explain what unique qualities or perspective you bring to the Impact Center Board:

Explain why you would like to serve on the Impact Center Board:

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Please circle area(s) of expertise/contribution you feel you can make to further the mission of the Impact Center:

Fundraising	Policy Development	Evaluation	Special Events
Strategic Planning	Child Care Knowledge	Technology	Finance/Accounting
Advertising/PR	Social Media Outreach	Organizational Management/Administration	

Other: _____ Other: _____