



Board Application

Contact Information

Name _____
Street Address _____
City, State, Zip _____
Email _____
Home Phone _____ Work Phone _____
Cell Phone _____ Fax Number _____
Employer _____ Position _____

Relevant Experience, Employment, and/or Other Interests: (Please attach a resume.)

What are some of your previous volunteer experiences and/or leadership roles?

Why are you interested in The Lilith Fund?

Areas of Expertise:

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Government | <input type="checkbox"/> Bilingual |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Law | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Investing | <input type="checkbox"/> Marketing/PR | |

Other areas of expertise/contribution you feel you can make:

What areas of The Lilith Fund board work are of particular interest to you?

What do you hope to gain from your experience as a board member?

Memberships in other organizations and other volunteer commitments:

Known by the following Lilith Fund board members:

Describe your personal experience in relation to reproductive rights and/or abortion access and why this issue is important to you:

Please allow my name to stand for nomination to The Lilith Fund Board of Directors.

Signature: _____ **Date:** _____

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For Board Use

- | | |
|--|-------------|
| <input type="checkbox"/> Nominee has had a personal meeting with board member(s) | Date: _____ |
| <input type="checkbox"/> Nominee reviewed by the committee | Date: _____ |
| <input type="checkbox"/> Nominee attended a board meeting | Date: _____ |
| <input type="checkbox"/> Nominee interviewed by the board | Date: _____ |

Action taken by the board: _____
