



Board of Directors Application Form

1. Candidate Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Preferred Method of Contact: () Home Phone () Work Phone

2. Current position & employer: _____

3. Please describe your relevant experience and/or employment. You may also attach a resume.

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

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. The LSNA Board of Directors meets on the second Monday of every month at 6:30 p.m. The meeting generally lasts about one (1) hour. Do you have any standing commitments that create a scheduling conflict for you? Yes_____ No_____

8. Why are you interested in serving as a Board member for LSNA?

9. Please share any other information you feel important for consideration of your application to serve as an LSNA Board member.

For Board Use

_____	Nominee has had a personal meeting with either an Officer, Director, or other.	Date _____
_____	Nominee reviewed by the committee.	Date _____
_____	Nominee proposed to the Board.	Date _____
Board action:	_____Elected	_____Rejected
		Date _____