



## Application for Board of Directors

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Fundraising/Marketing

Financial Management

Public Relations

Public Education

Legal Expertise

Technology

Other: \_\_\_\_\_

Please describe prior experience serving as a Board member for other non-profit organizations:

Why are you interested in serving as a Board member for The Opal Center?

Please share any other information you feel important for consideration of your application:

The Opal Center Board of Directors meets at 12:00 p.m. (noon) on the third Friday of each month. Please indicate if you will be available to attend at this time. (Circle one) Yes or No