



The mission of Transitions is to nurture and disciple women who desire a new beginning through the life-changing power of Jesus Christ.

## Board of Directors Application Form

Thank you for your interest in joining the Transitions Board! Please fill out the following information so we can get to know you better.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email address (please write it carefully): \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Are you a Christian: Yes \_\_\_\_ No \_\_\_\_

Do you currently attend a church? If so, which one: \_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your current organizational affiliations (names of the organization and your role(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Presentations        | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Mentoring         | <input type="checkbox"/> Program Development  | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Finance           | <input type="checkbox"/> Community Networking | _____                                       |
| <input type="checkbox"/> Fundraising       | <input type="checkbox"/> Marketing            |   |

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_

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What would you like to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

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*Our board meets every second Tuesday in February, May, September, and November. Board members are asked to serve on at least one committee.*

*Your application will be given to the Nominating Committee for review and possible nomination.*

If you join the Board, you agree that you can attend the Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps