



Board of Directors Application Form

Thank you for your interest in joining the Yellowstone Valley Animal Shelter Board of Directors! Please use this form to provide useful information about yourself, to ensure the best match between you and YVAS.

Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Mailing Address: _____

Email Address: _____

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

Your organizational affiliations or (names of the organization and your role(s) –
Please indicate by circling if the involvement is current or previous:

1. _____ Current/Previous

2. _____ Current/Previous

3. _____ Current/Previous

4. _____ Current/Previous

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Education | <input type="checkbox"/> Lobbying |
| <input type="checkbox"/> Knowledge of services | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Public Relations | |

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

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

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

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

For Board Use Only:

If Applicant was recommended, by whom: _____

Completed Tour of YVAS w/ Director Date: _____

Notes by ED: _____

Applicant attended a Board meeting (optional) Date: _____

Action taken by Board: _____ Date: _____

If approved, position accepted by application Date: _____

New Board Member's term ends Date: _____

Provided with onboarding materials Date: _____