# C:\Users\Big Les\Dropbox\MBJF Website Information\Logos\mbj-logo-hillside-idea5.07042013.1601.jpgMargaret Byrd Jones Foundation Inc. Board Application

# Please complete this application. Use additional pages if required.

|  |
| --- |
| Contact Information |
|  |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |
| Employer Name |  |

|  |
| --- |
| Skills/Knowledge (attach a resume if relevant) |
| What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas. | Very Experienced | Some Experience | Little or No Experience |
| Strategic Planning |  |  |  |
| Fundraising |  |  |  |
| Board Development |  |  |  |
| (recruiting, training, evaluation) |  |
| Public/Media Relations |  |  |  |
| Public Speaking |  |  |  |
| Writing/Journalism |  |  |  |
| Financial Management |  |  |  |
| Information Technology |  |  |  |
| Special Events |  |  |  |
| (planning and implementing) |  |

 For items you checked as “Very Experienced” or “Some Experience”, please provide details.

 If not described above, please outline your experience as a volunteer board or committee member?

Who may we contact for information about your performance in these positions?

|  |
| --- |
| Verification Contact |
|  |
| Name |  |
| Contact Phone  |  |
| E-Mail Address |  |

|  |
| --- |
| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

|  |
| --- |
| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.Thank you for completing this application form and for your interest in volunteering with us. |

**FOR BOARD USE ONLY**

* Nominee had personal meeting with either the Board Chair or Board Member. Date \_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee reviewed by the committee. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee attended a board meeting. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee interviewed by the board. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTION TAKEN BY THE BOARD**:

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

Mail, Fax, or E-Mail completed application to:

**Margaret Byrd Jones Foundation Inc.**

7508 Bear Claw Run

Orlando, FL 32385

info@margaretjonesfoundation.org

(407) 563-0996