



## **WSB Foundation Board of Directors Candidate Application**

**Return Application**

**Fax: 501.664.2743    email: [mharper@wsblind.org](mailto:mharper@wsblind.org)**

### **GENERAL INFORMATION**

Date:

Full Name (First, MI, Last):

Familiar Name/Nickname:

Address:

Phone:

Email:

### **EMPLOYER**

Name & Type of Business or Organization:

Primary Service(s) and Area/Population Served:

Your Title:

Employer Address:

Phone:

Email:

**Preferred Method of Contact**

Work    Home    Email    Text

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

<b>Organization</b>	<b>Role/Title</b>	<b>Dates of Service</b>
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**Education/Training/Certificates:**

**Optional:** Have you received any awards or honors that you'd like to mention?

How do you feel WSB would benefit from your involvement on the Board?

**Skills, experience and interests (Please select all that apply):**

Finance/Accounting	Policy Development	Special Events
Personnel/HR	Program Evaluation	Grant Writing
Admin/Management	Public Relations	Fundraising
Nonprofit Experience	Communications	Public Speaking
Community Service	Education/Instruction	Marketing
Lobbying	Strategic Planning	Outreach/Advocacy
Investment		

Other

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of World Services for the Blind.

Will you attend regular board meetings and special meetings? Yes No

Will you attend a new member orientation? Yes No

Are you willing to make some level of financial commitment to WSB? Yes No

Why do you want to become a member of this board?

Please tell us anything else you'd like to share.

If available, please include your Resume, CV or any other additional information which you would like the Nominating Committee to take into consideration.

Additional information enclosed with application: