



COALITION

of Western Massachusetts

Application for Board Membership

Name		
Home Address		
Home Phone	cell	e-mail
Work Company & Address		
Title/Position	Work phone	Work e-mail

Summarize your experience with and/or interest in the LGBT Coalition of Western MA.

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
Fundraising			
Board development (recruitment, training, evaluation)			
Program planning and evaluation (trainings, outreach)			
Financial management and control (budgeting,			

accounting)			
Public policy, legislative advocacy			
Communication, public and media relations;			
Public speaking			
Strategic planning			
Information technology (website, listserv)			
Writing, publications			
Special events (planning and implementing)			
Other:			

For the 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?

Are you able to make a one year commitment?

Are you able to attend quarterly board meetings?

Are you able to actively participate on at least one committee?

Whom may we contact as a reference for you?

Please attach a resume or a bio to this application.

Mail or e-mail completed application to:

LGBT Coalition, P.O. Box 1373 , Northampton, MA 01060

lgbtwma@gmail.com

Thanks for your interest!

For Board Use

Nominee has had a personal meeting with either chief executive, board president or other 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
