

Board Application

Thank you for your interest in joining the Sherman Preschool Board of Directors and for completing this application. The information you share allows Sherman Preschool's Board to ensure a rewarding Board experience for you.

Name: _____

Address: _____

Phone: _____ Email address: _____

Briefly describe why you would like to join the Sherman Preschool Board?

Which of your skills would you like to utilize on the Board?

<input type="checkbox"/> Board experience	<input type="checkbox"/> Financial management	<input type="checkbox"/> Community networking
<input type="checkbox"/> Social media	<input type="checkbox"/> Board recruitment	<input type="checkbox"/> Marketing/PR
<input type="checkbox"/> Staffing / HR	<input type="checkbox"/> Fundraising	

What other skills would you like to offer?

Please describe any conflicts of interest that might arise?

If you are asked to join the Board, you agree that you can provide 4-6 hours a month in attendance to Board and Committee meetings, and that you do not have any undeclared conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____