

Board Bank – Community Member

*A joint project of the Association of Community Services, Leadership Howard County
and The Volunteer Center Serving Howard County*

Date: _____

- I am interested in serving on a nonprofit Board of Directors/Commission/Trustees
 I am interested in serving on a Committee of a nonprofit organization

Name: _____ Job Title: _____

Employer: _____ Business Phone: _____

Business Address: _____

E-mail: _____ Fax: _____

Home Address: _____

I am interested in serving Howard County organizations that focus on: (Check as many as desired)

- | | | |
|---|---|--|
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Arts (performing) | <input type="checkbox"/> Education | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Arts (visual) | <input type="checkbox"/> Environment & Conservation | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Family Services | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Children | <input type="checkbox"/> Foreign-born | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Health/Wellness | <input type="checkbox"/> Women's Issues |
| <input type="checkbox"/> Computer Restoration | <input type="checkbox"/> Historical Preservation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Crime & Anti-social Behavior | <input type="checkbox"/> Hospice | <input type="checkbox"/> Other (Be as specific as possible): _____ |
| <input type="checkbox"/> Crisis Services | <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Legal Assistance | _____ |
| <input type="checkbox"/> Disaster/Emergency | <input type="checkbox"/> Literacy | _____ |

My experience and training are in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Human Relations | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Restaurant/Food |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Insurance | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Legal–Civil | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Legal–Criminal | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Business Communications | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Science |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Medical | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Computer Systems | <input type="checkbox"/> Military | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Nursing | <input type="checkbox"/> Training |
| <input type="checkbox"/> Counseling/Therapy | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Personnel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Public Relations | _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Purchasing | _____ |
| <input type="checkbox"/> Government | | _____ |

Volunteer Activity: List organizations and responsibilities/position of any volunteer involvement in recent years.

Availability: Note any ongoing days or times that you cannot be available for meetings.

Other information that you would like to have considered for the referral process:

OPTIONAL: Many organizations have specific requests regarding age, ethnicity or gender so that they can attain better Board composition.

Ethnic Background: Afro-American Asian Caucasian Hispanic Other: _____

Gender: Female Male Age: Under 30 30-40 40-50 over 50

This application will be kept active for one year from submission. Due to recruitment timing, you may not hear from organizations for a while. Please feel free to check the status of your application at any time by calling the Board Bank at 410-796-7824. Thanks for your interest in our community! Please mail to:

ACS/Board Bank
6620 Amberton Dr.
Elkridge, MD 21075

Date: _____

For Program Use Only

Date: _____ Referred to: _____ Comments: _____
