

## **BOARD OF DIRECTORS APPLICATION**

Date					
Name					
Residence	First	MI	Last	Familiar name	
Phone			E-mail		
Employer					
Name					
Your title					
Address					
Phone		E-	mail		
Type of busines	ss or organiz	zation		_	
Primary service	e(s) and area	a/population serv	ed		
Preferred met	hod of cont	act()Work()	Residence		
				, or have served o ional, religious, soc	•
Organization		Role/Title	Da	tes of Service	

## Education/Training/Certificates/Honors/Awards

## PLEASE ATTACH A "STATEMENT OF INTEREST" WITH CV/RESUME.

This statement should include experience with WBWK and/or community radio; what WBWK programs you listen to; what attracts you to WBWK; what contribution you can make to WBWK; what WBWK gives you; volunteer history; and any other details.

Skills, experience and interests (Please circle all that apply)

Finance, accounting	Education, instruction		
Personnel, human resources	Special events		
Administration, management	Grantwriting		
Nonprofit experience	Fundraising		
Community service	Outreach, advocacy		
Policy development	Other		
Program evaluation	Other		
Public relations, communications	Other		

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of WBWK.


## PLEASE NOTE:

- □ WBWK is a working board. Members are expected to serve a minimum of 12 hours a month.
- Board members are also expected to take a leadership role in the oversight and direction of WBWK. Members are expected to join a minimum of one committee and assist with events.
- Board members are expected to make an annual financial contribution to WBWK that is significant to them.

Name, phone, email address of referral: \_\_\_\_\_ Please return this application to WBWK by (date): \_\_