Sistering
Board of Directors Application Form

Date: _____
Name: _____
Full Mailing Address: _____
_____
_____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____
Email: _____

1. Describe your familiarity and experience with the roles and responsibilities of non-profit, volunteer Boards? Describe your familiarity with Sistering?

2. How do you feel your skills and experience could benefit Sistering's Board?

3. What amount of time are you able to give to Sistering on a monthly basis (eg. hours per month)? Is there anything that would prevent you from fulfilling your volunteer commitment to the Board?

Please feel free to attach a current résumé
Thank you for your interest in Sistering's Board of Directors

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