

Pocatello Senior Activity Center Board of Directors Application Form



## Section 1: Your Contact and Demographic Information

	Name:	_
	Birth Year:	
	Current address:	
	Email:	
	Phone:	-
Sectio	ion 2: Your Background Information	
	Current employment status:	
	Full TimePart TimeSeeking Em RetiredOther:	
	Employer Name (if employed):	
	Years with current employer: Years in current field: Current occupation:	
	What is your professional background:	
	What other organizations and volunteer positions have you held?	



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## Section 3: Mission Alignment

The SAC Board involves active participation by board members on standing committees. Please indicate which committee(s) you would be interested in chairing or serving on:

\_\_\_\_Development/Fundraising \_\_\_\_Human Resources \_\_\_\_Office Assistance

\_\_\_\_Building Maintenance \_\_\_\_Investments \_\_\_\_Nominating & Board Development

\_\_\_\_Programming/Activities \_\_\_\_Personnel Performance Evaluations \_\_\_\_ Volunteer Coordinator

\_\_\_\_Publication/Press Releases \_\_\_\_ Decorating Facility for Events/Holidays \_\_\_\_Gardening/Landscaping

\_\_\_\_Keeping Bulletin Board Current \_\_\_\_ Grant Writing

In what ways have you interacted with our organization before applying for the board (examples: committee member, volunteer, donor, event attendee, etc)?

Why is our mission important to you as a potential board member?

## Section 4: Governance

Board meetings are scheduled for the secon	nd Tuesday	of each month	from 10:00 to
11:30 AM. Are you available at this time?	Yes	No	

The minimum expectations for board members are listed below. Please confirm your ability and willingness to meet each.

If selected for the board:

I will attend and actively participate in at least 10 of the 12 monthly board meetings.



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I will serve or chair at least one committee and attend at least 85% of the scheduled meetings.

**Optional** - Please attach your resume, if available and current, to this application.

## Please return completed form to the Senior Activity Center Office or

email it to senioractivities@ida.net