



Legacy Chorale of Greater Minnesota Board Member Application

Name: _____ Cell Phone: _____

Email address: _____ Occupation: _____

Address: _____

YOUR BACKGROUND

What strengths or skills could you contribute to the LCGM Board? (Please circle all that apply)

- Arts Background (in any form)
- Accounting/financial
- Legal
- Fundraising
- Public relations, Social media, Communications
- Strategic Thinker
- Management/Leadership
- Community Development
- Nonprofit Management
- Grant seeking expertise
- Human Resources
- Innovative approaches
- Training & consulting
- Program Development/Evaluation
- Public Policy
- Other: _____

Have you served on other nonprofit boards? Please list:

Why are you interested in serving on the LCGM Board?

What is your understanding of the mission of this organization?

The board meets 10-12 times per year (generally second Monday of the month). Are you able to make a commitment to regular attendance at board meetings?

___ Yes ___ No

Please share scheduling conflicts or barriers: _____

Signature: _____ Date: _____