



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 check all that apply)

<input type="checkbox"/>	Arts Background (in any form)	<input type="checkbox"/>	Nonprofit Management
<input type="checkbox"/>	Accounting/financial	<input type="checkbox"/>	Grant seeking expertise
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Innovative Approaches
<input type="checkbox"/>	Public relations, Social media, Communications	<input type="checkbox"/>	Training and consulting
<input type="checkbox"/>	Strategic Thinker	<input type="checkbox"/>	Program Development/Evaluation
<input type="checkbox"/>	Management/Leadership	<input type="checkbox"/>	Public Policy
<input type="checkbox"/>	Community Development	<input type="checkbox"/>	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: _____