



## Board of Trustees' Candidate Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Birth date (MM/DD)\_\_\_\_\_/\_\_\_\_\_

Spouse's Name (if married)\_\_\_\_\_

Birth date (MM/DD)\_\_\_\_\_/\_\_\_\_\_

### Residence

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Employer

Name \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

Preferred method of contact:  Work  Residence

**Please list boards and committees that you serve or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social). What are some of your previous volunteer experiences or leadership roles?

Organization	Contact Name/Phone	Role/Title	Dates of Service
--------------	--------------------	------------	------------------

---

---

---

### Education/Training/Certificates

---

---

How do you know of Helping Hands?

---

---

How do you feel Helping Hands would benefit from your involvement on the Board?  
What skills, connections, resources, and expertise do have to offer and are willing to use on behalf of this organization?

---

---

---

What interests you about our organization? Which aspect of our organization interests you most?

---

---

What appeals to you about board service as a volunteer activity?

---

---

If you were to join our board, are there any experiences you'd like to have as a board member or people you'd like to meet?

---

---

Do you have any concerns about joining the board?

---

---

Is there anything you think you would need from this organization to make this experience a successful one for you?

---

---

**Skills, experience and interests** (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Finance, accounting        | <input type="checkbox"/> Nonprofit experience |
| <input type="checkbox"/> Personnel, human resources | <input type="checkbox"/> Community service    |
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Policy development   |

- |   |   |
|---|---|
| <input type="checkbox"/> Program evaluation               | <input type="checkbox"/> Grant writing      |
| <input type="checkbox"/> Public relations, communications | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Education, instruction           | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Special events                   |   |
| <input type="checkbox"/> Other(s) _____                   |   |

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

---



---



---

Please list 3 references.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please tell us anything else you'd like to share.

---



---

Please forward this application to Dana Serrata, Executive Director of Helping Hands of Vegas Valley at [dana.serrata@hhovv.org](mailto:dana.serrata@hhovv.org), by fax 702-728-2967 or by mail to 2320 Paseo Del Prado, B204, Las Vegas, NV 89102.

Your application will be considered by the executive committee and board at its next meeting.

Thank you very much for applying