

# MEIXNER MEMORIAL FOUNDATION

## Application for Board Service

Name:

Occupation, title, and place of business:

Business Address:

Home Address:

Phone:

Email:

How do you prefer we contact you?

Please give a brief history of your volunteer/community activities, including current and past Board memberships of any non-profit organizations.

What are your connections, personally and professionally, to Tom Meixner and the Meixner Memorial Foundation?

In what ways do you feel your participation would benefit the Meixner Foundation?

What special talents, skills, or experiences are you willing to share with our organization?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting       | <input type="checkbox"/> Board Development    | <input type="checkbox"/> Legal                |
| <input type="checkbox"/> Insurance        | <input type="checkbox"/> Long Range Planning  | <input type="checkbox"/> Community Relations  |
| <input type="checkbox"/> Grant Writing    | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Event Planning       |
| <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Media Relations      | <input type="checkbox"/> Marketing            |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Business Industry    | <input type="checkbox"/> Social Media         |
| <input type="checkbox"/> Public Speaking  | <input type="checkbox"/> Nonprofit Management | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Other:           | _____   |   |

What else would you like for us to know about you?

Please review the attached MMF board “Roles and Responsibilities” document. Are you able to meet these expectations? Do you have any questions or concerns about your responsibilities as a member of the MMF board?

Please complete the following optional demographic information:

<input type="checkbox"/> Caucasian	<input type="checkbox"/> 20-30 yrs of age	<input type="checkbox"/> Female
<input type="checkbox"/> African American	<input type="checkbox"/> 30-40	<input type="checkbox"/> Male
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 40-50	
<input type="checkbox"/> Native American	<input type="checkbox"/> 50-60	
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> 60-70	
	<input type="checkbox"/> 70+	

Preferred Pronouns (Optional):

Your Signature

Date:

Thank you for your time in completing this application.

Please attach a recent curriculum vitae when you submit this form.

The completed form and CV should be sent to: Michael Geddis, [michael.geddis@gmail.com](mailto:michael.geddis@gmail.com)