

St. Paul's Center
Application for Appointment to the Board of Directors

Name: _____

Occupation: _____

Home Address: _____

City and State: _____ **Zip:** _____

Telephone: _____ **FAX:** _____ **E-mail:** _____

Business Name/Address: _____

City and State: _____ **Zip:** _____

Telephone: _____ **FAX:** _____ **E-mail:** _____

Background Information

1) Special Skills/Areas of Expertise – Please check all special skills or areas of expertise you would contribute to the St. Paul's Center:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Administration | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Corporate Contacts |
| <input type="checkbox"/> Education | <input type="checkbox"/> Facilities Mgt. | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Legal | <input type="checkbox"/> Legislation | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Programming | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Health/Wellbeing | <input type="checkbox"/> Addictions Treatm't | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Housing/Homelessness |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Career Development | <input type="checkbox"/> Homemaking Skills |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Child Development | <input type="checkbox"/> Music/Art/Theater | <input type="checkbox"/> Other: |

2) Board Experience – Please indicate any boards on which you currently serve or have previously served:

Organization Name	Time Period
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_____	_____
_____	_____
_____	_____

3) Other Organizational Experience – Please indicate any other charitable or community activities in which you have been/or are presently involved?

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Availability for Meetings

4) Per our Bylaws, The Board meets a minimum of 6-7 times yearly on the first Wednesday of the month from 5:45pm to 7:30 pm at St. Timothy's Lutheran Church in Troy, NY. Committee meetings are usually held one evening each month and are scheduled based on committee member schedules.

Could you regularly attend these meetings? ___ Yes ___ No

Comments: _____

Your Views on St. Paul's Center

Please address the following points, using a separate sheet if necessary:

5) What is it about the St. Paul's Center and the population it serves that interests you in becoming a board member?

6) Please briefly describe the strengths and abilities that you could bring to the board and the Center.

7) Please attach current resume/curriculum vitae.

References

8) Please list the names, addresses and daytime phone numbers of three references who are not currently St. Paul's Center Board Members:

Name	Address	Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Submittal Information

9) After completing this form, please attach your resume and mail to: **St. Paul's Center
Board Selection Committee
P. O. Box 589
Rensselaer, NY 12144
518-689-2083
tpitcher@stpaulscenter.com**

Or fax to St. Paul's Center at: **518-689-2083**

Or scan and email to: **tpitcher@stpaulscenter.com**

Thank you so much for your time, effort, and interest!