

Volunteer Application Form

Innovation Center

1. Candidate Name _____
Mailing Address _____
City _____ State _____ Zip _____
Home Work Phone _____ Cell Phone: _____ Email _____

2. Current position/employer: _____

3. Relevant Experience and/or Employment. Please attach resume.

4. Please circle area(s) of expertise/contribution you feel you can make to further the mission of IC:

Fundraising	Policy Development	Public Policy Advocacy	
Special Events	Strategic Planning	Evaluation	Technology
Capital Campaign	Legislative Contacts		

5. Please list prior experience that you would like to use or develop with our organizations:

Volunteer Application Form

Innovation Center

6. What other volunteer commitments do you currently have?

7. Why are you interested in serving as a volunteer for IC?

8. Please share any other information you feel important for consideration of your application to serve as an IC Board member.

For Board Use

__ Nominee has had a personal meeting with either Executive Director, Board Chair, or other Board member. Date _____

__ Nominee reviewed by the committee. Date _____

__ Nominee proposed to the Board. Date _____

__ Board action Elected Rejected Date _____