



Board of Directors Candidate Application

Name, phone, email address of organizational representative:

Chris Spahn, (206) 683-6056, chris@birthdaydreams.org, Executive Director & Co-Founder

Date :

Name

First	MI	Last	Familiar Name

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 email contact: ☐ Residence ☐ Work

Preferred method of phone contact: ☐ Residence ☐ Work

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service



Education/Training/Certificates:

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel Birthday Dreams would benefit from your involvement on the Board?

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

<input type="checkbox"/> Finance, accounting	<input type="checkbox"/> Education, instruction
<input type="checkbox"/> Personnel, human resources	<input type="checkbox"/> Special events
<input type="checkbox"/> Administration, management	<input type="checkbox"/> Grant writing
<input type="checkbox"/> Nonprofit experience	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Community service	<input type="checkbox"/> Outreach, advocacy
<input type="checkbox"/> Policy development	<input type="checkbox"/> Other
<input type="checkbox"/> Program evaluation	<input type="checkbox"/> Other
<input type="checkbox"/> Public relations, communications	<input type="checkbox"/> Other

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

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

Thank you very much for applying