

Foundation Innovators

FOUNDATION INNOVATORS APPLICATION

Name: _____

Date of Birth: _____

Home Address: _____

Cell Phone: _____ Personal Email: _____

Employer: _____ Title: _____

Work Address: _____

Work Phone: _____ Work Email: _____

Why are you interested in serving on the Foundation Innovators advisory group?

Please list your areas of interest or special skills:

Are you interested in one day serving on the Foundation Board of Directors? Yes No Unsure

Please rank the following in order of importance (1-8) regarding why you'd like to be a Foundation Innovator:

- | | |
|---|---|
| <input type="checkbox"/> Developing fundraising knowledge | <input type="checkbox"/> Meeting new people and socializing |
| <input type="checkbox"/> Adult programming advisory | <input type="checkbox"/> Obtaining mentorship and guidance |
| <input type="checkbox"/> Developing leadership skills | <input type="checkbox"/> Learning more about modern libraries |
| <input type="checkbox"/> Planning fundraising and networking events | <input type="checkbox"/> Building your resume and making contacts |

Please attach a current resume and list other organizations with which you are affiliated (or provide your LinkedIn). (Used when grant applications ask for member bios/information.)

FOR OFFICE USE ONLY
DATE JOINED BOARD _____ TERM EXPIRES _____