



Philomath Community Services Board of Directors Membership Application

The Mission of Philomath Community Services is to provide a variety of social services to meet the needs of Philomath and western Benton County citizens.

Name _____ Home Phone _____

Mailing Address _____

Cell phone _____ Email _____

What interests you in Philomath Community Services? _____

Previous board experience or related involvement and length of service _____

Current volunteer commitments _____

If you are applying to represent a particular Philomath organization please indicate which one.

I authorize contact with the following references:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please check the appropriate box indicating your skills and knowledge that you are willing to bring to the Board. Additional space, next page, for other advantageous skills and experience.

Skills, Experience and Knowledge	Very Experienced	Some Experience	Little or no Experience
Board development- recruit & train			
Organizational development			
Strategic planning			
Non-Profit Organizations			
Information technology			
Public & media relations			
Public speaking			
Writing, journalism			
Fluency in Spanish-spoken, written			
Volunteer programs			
Group process Decision-making			
Financial management			
Fundraising			
Grant writing and research			
Special events- plan & implement			
Business/Retail Management			
Past Board Experience			

Additional Skills, Experience and Knowledge	Very Experienced	Some Experience	Little or no Experience

Anything Additional you would like us to know:

I agree to read and observe the Bylaws and Policies and Procedures of Philomath Community Services, Inc and the Guide to Nonprofit Board Service in Oregon. I further agree to observe or participate in each program of Philomath Community Services during their hours of operation within the first 2 months of board membership so that I can better understand the operations of Philomath Community Services.

Signature _____ Date _____