



CORNERSTONE
REBUILDING LIVES, RESTORING HOPE

Application for Appointment to the Board of Directors

Please complete the following to be considered for board service at Cornerstone

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____ Fax: _____

Occupation: _____ Employer: _____

Work Address: _____

Other Board Experience: _____

Volunteer Experience: _____

Civic Engagement: _____

Education: _____

Age: 21-35 36-50 51-65 Over 65

Ethnicity: African American Caucasian Asian/Pacific Islander Latino/Hispanic

Native American Bi-racial Other: _____

Areas of Experience and/or Interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Education | <input type="checkbox"/> Research/Evaluation |
| <input type="checkbox"/> Faith Community | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Local Media |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other: _____ |

Do you or a family member identify yourself as a survivor of interpersonal violence and/or homelessness?

Yes No

Other experience and/ or expertise regarding family violence: _____

Can you attend regular board and board committee meetings (1 x month)?

Yes No

Are you able to attend orientation and training sessions (3 hr orientation)?

Yes No

Are you able to make a three-year commitment (current board term)?

Yes No

Are you willing to help support Cornerstone’s fundraising efforts?

Yes No

Why are you interested in serving on Cornerstone’s Board of Directors?

What Committees interest you?

Governance

Development

Strategic Planning

Finance

Why are you interested in serving on Cornerstone’s Board of Directors?

**Please attach your resume to this application and return to Executive Director
rollera4@cornienrstonemn.org – Thank You!**

Signature: _____

Date: _____