



Little Theatre of Walla Walla Board of Directors Application Form

Thank you for your interest in joining The Little Theatre of Walla Walla (LTWW) Board!
Providing biographical information will help us ensure a strong match between your personal skills and The LTWW Board of Directors. This information will be shared with the Volunteer Committee, which is tasked with board recruitment.

Name: _____

Home Phone Number: _____ Cell Number: _____

Mailing Address _____

Email address (please write it carefully):

Current position and employer: _____

Your current, or past organizational affiliations - names of the organization and your role(s):

1. _____

2. _____

3. _____

May we contact these organizations? Yes or No

Briefly describe why you would like to join our Board of Directors:

What value do you feel The Little Theatre adds to our community?

What do you believe are the two most significant issues or challenges facing LTWW today?

1) _____

2) _____

Which of your skills or experience would you like to utilize on the Board? Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Accounting | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Facilities management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Event/Project management |
| <input type="checkbox"/> Law/Contracts/By-laws | <input type="checkbox"/> Community Relations | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Not-for-profit experience | |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Training | |

Other skill(s) you would like to utilize? _____

What do you hope to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Please list prior experience serving as a Board member for other non-profit organizations:

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

Are you comfortable soliciting others for donations of time or money? Describe any experience(s) in doing so:

What types of leadership roles have you held?

It is a requirement of our bylaws that board members are current dues paying members of the theatre. Are you a current member, or are you willing to become one?

Yes or No

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes or No

The LTWW Board of Directors meets on the last Monday of every month at 6:00 p.m. The meeting generally lasts about two hours. Do you have any standing commitments that create a scheduling conflict for you?

Yes or No

Are you willing to give time, energy and resources to support the mission of LTWW above and beyond the monthly board meetings?

Yes or No

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

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For Committee Use Only

How did we connect with this applicant:

- Recommendation by a current Board member
- Recommendation by Staff member
- Internal Volunteer Recruitment
- External / Public Advertisement
- Self-referral
- Other _____

- Application received by office Date: _____
- Applicant contacted Date: _____
- Application reviewed by the Committee Date: _____
- Applicant interviewed by the Committee Interview Panel Date: _____
- Nominee presented to the Board Date: _____

Action Taken by the Board: _____

_____ Date: _____

Comments-

