

# **BACM Board of Directors Application**

*Please send or deliver completed forms and resume to:*  
Barberton Area Community Ministries  
939 Norton Ave, Barberton, OH 44203

## **Personal Information**

Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Business Information (please complete and attach resume)**

Employed By/Retired From (circle one): \_\_\_\_\_

Position Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

## **Contact Information**

Send email to my:  home  business.

E-mail Address(es): \_\_\_\_\_

## **Education/Experience**

Highest Academic Degree: \_\_\_\_\_

School/University(ies) Attended: \_\_\_\_\_

## **Community Involvement (positions held in nonprofit, professional or social organizations)**

\_\_\_\_\_  
\_\_\_\_\_

## **Prior BACM Experience**

\_\_\_\_\_  
\_\_\_\_\_

**Other Experience/Expertise**

- |  |   |
|--|---|
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Personnel Management         |
| <input type="checkbox"/> Financial Management                  | <input type="checkbox"/> Program Planning/Development |
| <input type="checkbox"/> Fund Raising                          | <input type="checkbox"/> Public/Community Relations   |
| <input type="checkbox"/> Gov't (Political Clout/Relationships) | <input type="checkbox"/> Philanthropy                 |
| <input type="checkbox"/> Grant Writing                         | <input type="checkbox"/> Social Media                 |
| <input type="checkbox"/> Legal Affairs                         | <input type="checkbox"/> Social Services              |
| <input type="checkbox"/> Marketing                             | <input type="checkbox"/> Other _____                  |

**Committee Preferences (Rank first, second and third choices by marking 1, 2 or 3):**

- |  |  |
|--|--|
| <input type="checkbox"/> Communications        | <input type="checkbox"/> Finance                                   |
| <input type="checkbox"/> Financial Development | <input type="checkbox"/> Governance (Nominating/Board Development) |
| <input type="checkbox"/> Human Resources       | <input type="checkbox"/> Marketing                                 |
| <input type="checkbox"/> Strategic Planning    | <input type="checkbox"/> Outreach to the Community                 |

**References and Signature:**

Why are you interested in the BACM Board? \_\_\_\_\_  
\_\_\_\_\_

Professional References if any: \_\_\_\_\_  
\_\_\_\_\_

Personal References if any: \_\_\_\_\_  
\_\_\_\_\_

Are you willing to make an annual contribution to BACM? \_\_\_ Yes \_\_\_ No

Are you willing and able to commit up to 4-6 hours per month and actively assist with special events for the organization? Y / N (please circle one) Any Concerns? \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*By signing this application, you are confirming that all information you have provided is accurate*