

Blue-Collar Disaster Recovery
Board of Directors Candidate Application

Name:

First Name: _____

Last Name: _____

Preferred name _____

Date: Preferred contact address: Work ☐ Home ☐

Home address: _____

Phone: **E-mail:** _____

Employer: _____

Work Address: _____

Type of organization: _____

Primary product / service: **Area served:**

Position / title: _____

Work phone: **Work e-mail:** _____

Please list any boards you currently serve on or have served on — e.g.,

[Name, e-mail address, and phone number of organization's representative]:

Please return this application to the e-mail address above by:

How would **Blue-Collar Disaster Recovery** benefit from your involvement on the Board?

Skills, experience, and interests (please check all that apply):

- ☐ Administration/ management
- ☐ Community service
- ☐ Education / instruction
- ☐ Fundraising / development
- ☐ Finance / accounting
- ☐ Grant writing
- ☐ Nonprofit experience
- ☐ Personnel / human resources
- ☐ Policy development
- ☐ Program evaluation
- ☐ Public relations, communications
- ☐ Special events
- ☐ Outreach, advocacy
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Organizations/ businesses that you could serve as Blue-Collar Disaster Recovery liaison to: _____

Please tell us anything else you'd like to share:

Thank you for applying!

Send this filled out Application to

bluecollardisasterrecovery@gmail.com