

Get on Board Time & Talent Survey

Contact Info

Name (Mr. Mrs. Ms.): _____
 Home Address: _____
 City/State/Zip: _____ County: _____ Township: _____
 Phone: _____ E-mail: _____
 Sex: Male Female Ethnicity: _____
 Age: 25-35 yrs. 36-45 yrs. 46-55 yrs. 56-65 yrs. 66 yrs. and up

Work Info

Current Employer: _____
 Type of Business: _____
 Position/Title: _____

Personality Characteristics:

- Visionary
- Strategic Thinker
- Entrepreneurial
- Detail Oriented
- High Energy
- Low Key
- _____

Please check all which apply in the below categories. You will be entered into the Community Foundation's Board Bank. Contacts are provided to area nonprofits by matching your answers with their needs.

Time to Give (per month):

- 1-2 hrs.
- 3-5 hrs.
- 6+ hrs.

Skillset:

- | | | |
|--|--|--|
| <input type="checkbox"/> Administration
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Audit
<input type="checkbox"/> Business/Management
<input type="checkbox"/> Clergy
<input type="checkbox"/> Construction
<input type="checkbox"/> Education
<input type="checkbox"/> Event Planning | <input type="checkbox"/> Facilities Maintenance
<input type="checkbox"/> Finance
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Government
<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Human Resources
<input type="checkbox"/> Investment
<input type="checkbox"/> IT | <input type="checkbox"/> Legal
<input type="checkbox"/> Marketing
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Social Media
<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|--|--|--|

Areas of Interest (please check any which you are passionate about and pertain to missions of groups you'd be interested in serving):

- | | | |
|---|--|--|
| <input type="checkbox"/> Activities-sports, kids, teens
<input type="checkbox"/> Addiction/Substance Abuse
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Animal Welfare
<input type="checkbox"/> Arts-music, theatre, fine arts
<input type="checkbox"/> Child Abuse/Neglect
<input type="checkbox"/> Conservation/Wildlife
<input type="checkbox"/> Culture/Museum
<input type="checkbox"/> Daycare/Preschool
<input type="checkbox"/> Disaster Relief
<input type="checkbox"/> Diversity
<input type="checkbox"/> Domestic Violence/Abuse
<input type="checkbox"/> Economic Development
<input type="checkbox"/> Education | <input type="checkbox"/> Elderly/Aged
<input type="checkbox"/> English as Second Language
<input type="checkbox"/> Environment/Water Quality
<input type="checkbox"/> Financial Literacy
<input type="checkbox"/> Genealogy/Historic Preservation
<input type="checkbox"/> Government-local, services
<input type="checkbox"/> Grant Maker
<input type="checkbox"/> Group Homes
<input type="checkbox"/> Health/Wellness
<input type="checkbox"/> Healthcare
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Hospice/Palliative
<input type="checkbox"/> Leadership-youth, teens
<input type="checkbox"/> Library Services/Access to tech. | <input type="checkbox"/> Literacy
<input type="checkbox"/> Low income housing
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Mentoring Programs
<input type="checkbox"/> Missions/Ministry/Outreach
<input type="checkbox"/> Parks & Recreation
<input type="checkbox"/> Physical/Mental Disabilities
<input type="checkbox"/> Poverty/Self-Sufficiency
<input type="checkbox"/> Public Transportation
<input type="checkbox"/> Teen Pregnancy/Adoption
<input type="checkbox"/> Therapy-animals/activities
<input type="checkbox"/> Tolerance/Anti-Bullying
<input type="checkbox"/> Tourism
<input type="checkbox"/> _____ |
|---|--|--|

Organizations of Interest: _____
 *This doesn't guarantee a position with these, but we will forward your info to them. You may hear from other organizations.

Yes, I authorize the Community Foundation to share this information with non-profits seeking Board Members.

Signature

Date