



# Board<sup>2</sup> Candidate Application

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Prefix                      First                      Middle                      Last

**Contact Information:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Home Phone                      Mobile Phone                      Email Address

**Current Employment:** \_\_\_\_\_  
Title                                      Work Phone                      Work Email

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                                      State                                      Zip

Are you retired?       Yes       No

**Candidate Background Information**

Do you have experience working or volunteering with non-profit organizations?       Yes       No

If yes, please provide additional information: \_\_\_\_\_

Do you have experience serving on a non-profit board?       Yes       No

If yes, please identify agency and describe your role:

What size organization do you prefer (based on annual operating budget)?

Small (<\$500,000)       Medium (\$500,000-\$3M)       Large (>\$3M)       Any

Please select up to 5 types of organizations you prefer to work with, ranking them from 1 being top priority to 5 being the lowest priority.

- |                       |                           |                       |
|-----------------------|---------------------------|-----------------------|
| _____ Arts/Museum     | _____ Environmental       | _____ Mental Health   |
| _____ Children/ Youth | _____ Health Care         | _____ Recreation      |
| _____ Civic/Community | _____ Homeless/Emergency  | _____ Senior Services |
| _____ Disabilities    | _____ Housing Development | _____ Substance Abuse |
| _____ Education       | _____ Literacy            |                       |

Other: \_\_\_\_\_

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### Professional Skills Offered

Please check all applicable boxes that indicate your level of experience in the following fields.

Skills	1-2 years	More than 2 years
Communications and Marketing		
Financial planning and management		
Fundraising		
Human Resources Management		
Information Technology		
Organization Development and Strategic Planning		
Project Management		
Other:		

### Availability

What times are you generally available for board meetings?

Mornings     
  Noon     
  Evenings     
  Weekends     
  Any Time

How many hours per month are you willing to commit to this position?

Up to 5     
  Up to 8     
  Up to 10     
  More than 10 hours     
  As Needed

### Fundraising Expectations

Board members are generally expected to help fundraise for their agencies. Would you be comfortable being placed on a board where fundraising is required by board members?

Yes     
  No     
 Comments: \_\_\_\_\_

Board members are generally expected to make annual financial contributions to their agencies.

Would you be comfortable being placed on a board where financial contributions are required?

Yes     
  No     
 Comments: \_\_\_\_\_

**How did you learn about Board<sup>2</sup> and Giving DuPage?** \_\_\_\_\_

Thank you for providing the above information. Please review the expectations and conditions for participation on the following page. In order to participate in the Board<sup>2</sup> Program, you must sign and return the form with this application. Candidates who fail to submit a signed application will not be considered for referrals and placement.

Thank you for your interest in the Board<sup>2</sup> Program.

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## Candidate Expectations and Conditions for Participation

Thank you for working with Giving DuPage and the Board<sup>2</sup> program. By doing so you agree to the following terms and conditions:

1. Giving DuPage does not conduct background investigations on our nonprofit agency partners. We provide you with the information nonprofits fill out in their applications for participating in Board<sup>2</sup>.
2. As part of the overall Board<sup>2</sup> Program, Giving DuPage organizes a periodic educational workshop for prospective and current board members. As a Board<sup>2</sup> participant, you agree to register for and attend the next scheduled workshop.
3. You commit to communicating with Giving DuPage and /or nonprofit agency partners in a timely manner to facilitate the referral process outlined below:
  - Giving DuPage will attempt to follow up with all applicants by telephone or email as needed to collect information for referring candidates to nonprofits.
  - Giving DuPage will try to provide candidates with a list of agencies for which Giving DuPage believes they will be a good fit.
  - Giving DuPage will make a direct referral to the nonprofit of the candidate's choice by telephone or email. The nonprofit will be responsible for making the initial contact with a candidate.
  - Candidates commit to responding to a nonprofit's initial inquiry within **48 hours** to set up a meeting.
  - Candidates will take full responsibility for being informed and educated about the nonprofits they are referred to and request information about director and officer insurance coverage and its limits.
  - Candidates will take full responsibility for making the final decision about accepting an offer to join a nonprofit board.
  - Candidates agree to participating in Board<sup>2</sup> evaluation surveys following referral and/or placement.
4. You herein authorize Giving DuPage and Board<sup>2</sup> to disclose any and all written or oral information you provide to any potential nonprofit seeking board members.
5. You herein agree to indemnify and hold Board<sup>2</sup>, Giving DuPage and its board members, officers and employees harmless from any and all liability, claims, losses and damages of any kind resulting from your participation with the Board<sup>2</sup> program of Giving DuPage.

Please sign and date below to acknowledge that you have read and commit to these conditions and expectations.

Thank you again for your interest in Board<sup>2</sup>.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone

**Email completed form to: [givingdupage@dupageco.org](mailto:givingdupage@dupageco.org)**