



Application - Board of Directors

Name: _____ Date: _____

Address: _____

E-mail Address: _____

Home Phone: _____

Cell Phone: _____

Have you done volunteer work with another nonprofit organization? ____Yes ____No

If yes, please list the organizations along with your roles and responsibilities?

Have you ever been convicted of a felony? ____Yes ____No

If yes, please explain:

List your hobbies and interests:

Do you have any theater experience? (If yes, please explain.)

What beneficial skills, professional training, education, or knowledge do you have to offer BCT?

What training, resources, or support do you anticipate needing to perform this volunteer work?



Why are you interested in serving on the BCT Board of Directors?

Please provide two personal or professional references (name, phone number, & relationship):

1. _____

2. _____

I hereby attest that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Please return the completed application to:

BCT Board Development

P.O. Box 23

Buffalo, MN 55313

** Complete the following only if the applicant is selected to serve on the board **

In case of an emergency, please contact:

Name: _____

Phone: _____

Medical information we should be aware of (allergies, special medications and/or conditions):
