

Spokane Area Children's Chorus  
**PROSPECTIVE BOARD MEMBER INFORMATION SHEET**

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

Organization/Business: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

Source of referral: \_\_\_\_\_

**Special Skills & Interests**

\_\_\_ Fundraising      \_\_\_ Marketing/PR      \_\_\_ Communications

\_\_\_ Human Resources      \_\_\_ Technology      \_\_\_ The Arts

\_\_\_ Finance/Investment      \_\_\_ Legal      \_\_\_ Medicine

\_\_\_ Business      \_\_\_ Education      \_\_\_ Social Services

Other \_\_\_\_\_

**Professional Background**

\_\_\_ For-Profit      \_\_\_ Nonprofit      \_\_\_ Government      \_\_\_ Other: \_\_\_\_\_

**Board Diversity**

Gender: M    F      Age:    \_\_\_ <30 ;    \_\_\_ 31-45    \_\_\_ 46-60    \_\_\_ 61+

Chorus Affiliation:

      \_\_\_ Current Parent: \_\_\_ Alum: Years (    )    \_\_\_ Parent of Alum: Years (    )

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

Other board service: \_\_\_\_\_

Please write a brief statement on your understanding of board service and how you would support the SACC mission of fostering artistry, respect and commitment. (use additional sheet if necessary)

By completing this application I am expressing my interest in SACC board membership for the three-year term beginning July 1, 2010. I agree to meet the expected guidelines for participation and contribution if chosen to serve.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return by fax (624-8028) or mail to 411 S. Washington St. Spokane, WA 99204  
If you have any questions please call Sarah Hopkins, Operations Manager at 624-7992 x300*