

ACAP BOARD MEMBER APPLICATION:

2015

Candidate Name:				
Mailing Address:				
City:		State:	Zip:	
Home Phone:	Ce	l:		
Work Phone:	E-N	//ail:		
Current position/employer: _				
Please attach your resume, including any relevant experience.				
Please circle area(s) of expe ACAP:	rtise/contribution you	feel you can ma	ake to further the mission of	
Fundraising	Policy Development		Special Events	
Technology	Strategic Planning		Financial Planning	
Grant Writing	Capital Campaign		Legislative/Business	
Contacts				
Others:				

PO BOX 4606 Portland, OR 97208 Phone: 503-649-2066 Fax: 503-908-0613 Non Profit 501c3 # 94-3042607 info@acapportland.org

and money into the organization?
Please list prior experience serving as a Board Member for other non-profit organizations:
What other volunteer commitments do you currently have?
Why are you interested in serving as a Board Member for ACAP?
Please share any other information you feel important for consideration of your application to serve as an ACAP Board Member.

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Board Member Responsibilities include:	
Dedicating 2-3 hours a month to attend board meetings.	
> Committing to attend and assist with a minimum of 2 ACAP events per year	r.
Ability to bring a minimum of \$250.00 in donations per year.	
> Join a minimum of one committee and uphold the responsibilities of that co	mmittee.
Contribute to the development of policy making and strategic planning.	
Commit to participate in fundraising efforts as needed.	
I have read the board responsibilities and understand the expectations of board me	embership.
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Signature Date	

RC 11/2013

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