



**Kodiak Community Foundation**

*An Affiliate of The Alaska Community Foundation*

## **ADVISORY BOARD MEMBER APPLICATION**

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

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

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current employer: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Education/Training/Certificates: \_\_\_\_\_

\_\_\_\_\_

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### **Skills, Experience & Interests** (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grantwriting

Fundraising

Outreach, advocacy

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

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**Please list boards and committees that you currently serve on, or have served on** (business, civic, social, community, fraternal, political, professional, recreational, and religious):

Organization

Role/Title

Dates of Service

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Past volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to be on the Kodiak CF Advisory Board? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names, Addresses and Phone Numbers for 3 References

_____	_____	_____
_____	_____	_____
_____	_____	_____

Length of time in the Kodiak community:

\_\_\_\_\_

I have read, understand and agree to abide by the Advisory Board Member Job Description. *(Check box)*

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

*In order to be considered for the Kodiak Community Foundation Advisory Board, this form must be submitted to: PO Box 400, Kodiak, AK 99615 OR to a current Kodiak CF Advisory Board member. All members will be submitted to the Board of The Alaska Community Foundation for final approval.*

**Thank you for your commitment to our community and for your interest in the Kodiak Community Foundation, an Affiliate of The Alaska Community Foundation.**