



Application for Board of Directors

Thank you for your interest in becoming a member of the board of directors of Westminster Legacy Foundation. Please complete the following questionnaire to ensure we make the best use of your talents, time and expertise and offer you the most rewarding experience as a member of the board.

Name _____ Business & Title _____

Mailing Address _____

Business Address _____

Mobile Phone _____ Birth Month & Day _____

Preferred Email Address _____

Please check all areas of knowledge and skills you have and will share with WLF:

- | | | |
|--|---|--|
| <input type="checkbox"/> accounting and finance | <input type="checkbox"/> human services | <input type="checkbox"/> health care |
| <input type="checkbox"/> investment and banking | <input type="checkbox"/> marketing | <input type="checkbox"/> fundraising – individuals |
| <input type="checkbox"/> fundraising – corporations | <input type="checkbox"/> fundraising – sponsorships | <input type="checkbox"/> fundraising – major donors |
| <input type="checkbox"/> fundraising - special events | <input type="checkbox"/> fundraising – planned giving | <input type="checkbox"/> fundraising – sustainable giving |
| <input type="checkbox"/> development strategies | <input type="checkbox"/> governance | <input type="checkbox"/> human resources |
| <input type="checkbox"/> information technology | <input type="checkbox"/> media relations | <input type="checkbox"/> community relations |
| <input type="checkbox"/> nonprofits | <input type="checkbox"/> policy development | <input type="checkbox"/> leadership development |
| <input type="checkbox"/> organizational development | <input type="checkbox"/> evaluation | <input type="checkbox"/> sales |
| <input type="checkbox"/> education | <input type="checkbox"/> training & facilitating | <input type="checkbox"/> strategic planning |
| <input type="checkbox"/> public speaking | <input type="checkbox"/> arts & culture | <input type="checkbox"/> corporate social responsibility |
| <input type="checkbox"/> recreation | <input type="checkbox"/> philanthropic connections | <input type="checkbox"/> conservation and environmentalism |
| <input type="checkbox"/> law & legal services | <input type="checkbox"/> homelessness | <input type="checkbox"/> health equity |
| <input type="checkbox"/> diversity, equity, inclusion, justice, acceptance and belonging training and practice | | |
| <input type="checkbox"/> other _____ | | |

Please expound on your knowledge and skills _____

Please check all the connections that you have and will share with WLF:

- | | | |
|---|---|---|
| <input type="checkbox"/> area corporations | <input type="checkbox"/> local businesses | <input type="checkbox"/> national corporations |
| <input type="checkbox"/> communities of faith | <input type="checkbox"/> cultural organizations | <input type="checkbox"/> list serves or directories of social clubs |
| <input type="checkbox"/> entertainment industry | <input type="checkbox"/> foundations | <input type="checkbox"/> local government |
| <input type="checkbox"/> state government | <input type="checkbox"/> national government | <input type="checkbox"/> media outlets |
| <input type="checkbox"/> organized labor | <input type="checkbox"/> LBGTQA+ communities | <input type="checkbox"/> black communities |
| <input type="checkbox"/> Latinx communities | <input type="checkbox"/> Asian communities | <input type="checkbox"/> indigenous American communities |
| <input type="checkbox"/> older adults | <input type="checkbox"/> youth & students | <input type="checkbox"/> teachers and educators |
| <input type="checkbox"/> young adults | <input type="checkbox"/> families | <input type="checkbox"/> liquor distributors |
| <input type="checkbox"/> other _____ | | |

Please explain your connections: _____

Do you have experience as a member of a boards of directors? ☐ Yes ☐ No

If yes, what type of board experience do you have? _____

Will you attend regular board meetings and special meetings? ☐ yes ☐ no

How many hours a month are you able to devote to WLF? _____

Will you attend a new member orientation? ☐ yes ☐ no

Will you attend the annual board retreat? ☐ yes ☐ no

Will you commit to an annual personal financial commitment? ☐ yes ☐ no

Why do you want to become a board member of this organization? _____

What interests you most about serving the Westminster Legacy Foundation in an official capacity? _____

Please provide a bio. _____

The following questions are optional, but extremely valuable information for WLF.

Please specify your ethnic heritage. Check all that apply.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Latinx or Hispanic | <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Asian-American |
| <input type="checkbox"/> Native American/Indigenous Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Prefer not to answer |

Please specify your age range.

- | | | | | | | |
|--------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 16-22 | <input type="checkbox"/> 23-29 | <input type="checkbox"/> 30-39 | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 | <input type="checkbox"/> 60-69 | <input type="checkbox"/> 70-79 |
| <input type="checkbox"/> 80+ | <input type="checkbox"/> Prefer not to answer | | | | | |

With which gender do you identify.

- ☐ Female ☐ Male ☐ Non-Binary ☐ Gender Neutral ☐ Transgender
☐ Other: _____ ☐ Prefer not to answer.

Sexual orientation.

- ☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Queer ☐ Asexual ☐ Pansexual
☐ Demi-sexual ☐ Other: _____ ☐ Prefer not to answer

Highest Level of Education completed.

- ☐ High School Diploma ☐ GED ☐ Trade, Technical or Vocational Training & Certification
☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Ph. D in _____
☐ Juris Doctorate ☐ Medical Degree in _____ ☐ Other: _____
☐ Prefer not to answer

Annual Household Income.

- ☐ Less than \$29,999 ☐ \$30,000-\$39,999 ☐ \$40,000-\$49,999 ☐ \$50,000-\$59,999 ☐ \$60,000-\$69,999
☐ \$70,000-\$89,999 ☐ \$90,000-\$109,999 ☐ \$110,000-\$149,999 ☐ \$150,000-\$199,999 ☐ \$200,000-\$299,999
☐ \$300,000-\$499,999 ☐ \$500,000 or higher ☐ Other: _____ ☐ Prefer not to answer

Veteran Status.

- ☐ Currently serving. ☐ Veteran ☐ Prefer not to answer. ☐ N/A

Partner's Name: _____

Partner's Birth Month & Day _____

Signature

Date

Printed Name