



Sitka Legacy 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: _____

Skills, Experience & Interests (Please check all that apply)

- | | |
|---|---|
| Finance, accounting <input type="checkbox"/> | Education, instruction <input type="checkbox"/> |
| Personnel, human resources <input type="checkbox"/> | Special events <input type="checkbox"/> |
| Administration, management <input type="checkbox"/> | Grantwriting <input type="checkbox"/> |
| Nonprofit experience <input type="checkbox"/> | Fundraising <input type="checkbox"/> |
| Community service <input type="checkbox"/> | Outreach, advocacy <input type="checkbox"/> |
| Policy development <input type="checkbox"/> | Other _____ |
| Program evaluation <input type="checkbox"/> | Other _____ |
| Public relations, communications <input type="checkbox"/> | Other _____ |

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Sitka Legacy Foundation
An Affiliate of The Alaska Community Foundation

Past volunteer experience: _____

Why would you like to be on the Sitka Legacy Foundation Advisory Board? _____

Names, Addresses and Phone Numbers for 3 References

_____	_____	_____
_____	_____	_____
_____	_____	_____

Length of time in the community of Sitka:

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 Sitka Legacy Foundation Advisory Board, this form must be submitted to a current Sitka Legacy 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 Sitka Legacy Foundation, an Affiliate of The Alaska Community Foundation.