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Upper Peninsula Animal Welfare Shelter (UPAWS) New Board Member Application

Personal Information: Name: Address: Mailing Address (if different): Home Phone: Cell Phone: Email: **Education:** High School: College: _____ Trade/Business School: _____ Specialized Training: Background: 1. Do you have any prior experience with UPAWS - as an employee, volunteer, foster provider, or adopter? (Current or previous participation in a UPAWS Board committee, for a minimum of six months, is preferred prior to serving as a Board Member)

Have you previously or currently served on a Board? Have you ever held an Officer position?
Are you currently employed (FT or PT)? If so, where? Please describe your work history/job experience.
Are there any potential conflicts of interest that the Board of Directors should be aware of?
Explain why are you interested in becoming a UPAWS Board member? Describe how you envision your role in terms of time, responsibilities, committee involvement, etc.
Describe your involvement with animals (include all pets and pet related classes, work, clubs, rescue, etc.):

Accounting		Financial Planning
Accounting	Financial Planning	
Administration	Grant Writing	
Animal Shelters	Graphic Design	
Animal Training		Law/Legal
Business		Marketing/Promotions
Computers/IT		Media (social/mainstream
Creative Writing		Teaching
Fundraising		Veterinary
Committees are of interest.		rd committee. Please indicate which
Finance	Personnel	Board Development
Strategic Planning	Policy/Bylaw	
Fundraising	PAWS Park	
References (specify professional	al or personal):	_Phone: ()
		_Phone: ()
		_Phone: ()
Ple	ease read, initial, and sign	below
I understand that E contributors/supporters of UPAV	•	pected to be annual financial
I understand that Board three (3) UPAWS sponsored even	•	epresent UPAWS at a minimum of
I understand that Board (Committee meetings, correspon		participate in Board-related work
I have read and agree Individual Board Members (as at		Board Policy 6.0: Expectations of
Signature:		Date:

Please indicate the areas in which you have experience or knowledge:

Thank you for your interest in becoming a UPAWS Board member. The Board Development Committee will review your application and contact you with any questions.

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

UPAWS, PO Box 968, Marquette, MI 49855 or email to boarddev@upaws.org

For Board Development Committee use:	
Application Reviewed: Date	Applicant Interviewed: Date
Recommended:YesNo	
Board Recommendation Date:	
	Board Approval Date: