Old Mill Center Board Member Application

Name:	
Street Address:	
Address Line 2:	
City:	
ZIP Code:	
Mailing Address if different from street address:	
Email:	
Phone:	
Occupation:	
Please provide answers to the following questions so we may learn more and why you would like to serve on the Board of Old Mill Center for Childre Families (OMC). Please tell us why you are interested in serving on the OMC Board:	-
Please describe the skills and experience you would bring to the Board:	

Please check the areas below where you have experience:
Finance/Accounting
Investments
Development/Fundraising
Legal
Marketing/Communication/Public relations
Human Resources
Early Childhood Education
Social Services
Mental Health Services
Occupational Therapy Services
Governance/Leadership/Board Development
Lobbying
Facilities Management
Strategic Planning

Please list other community organizations you are a member of:

Please share with us how you connect to our Mission:

"The Mission of Old Mill Center for Children and Families is to partner with our community to help children and families thrive through safety, support, and success." Please voluntarily share anything about yourself that you believe will help us achieve our mission.

lease check all committees you would be interested in serving on from our current st if selected for Board service:
Finance Committee
Board Development Committee
Personnel Committee
Development/Fundraising Committee
Facilities Committee
Auction Committee
Quality Assurance Committee
confirmation (required):
By putting a check mark on the line to the left of this statement, I affirm the
nformation in this application is true and correct. If I am selected as a Board member, I nderstand this is a non-paid volunteer position with an initial term of three years.
ame Date

All Board members serve on one or two different committees from the list below.