



**EMPOWER YOLO PROSPECTIVE BOARD MEMBER APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Preferred Method of Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

Employment/Current Employer \_\_\_\_\_

1. Have you previously served as a member of a board/commission? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please list below:

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

2. Do you have experience with any of the following:

- \_\_\_\_\_ fundraising \_\_\_\_\_ lobbying \_\_\_\_\_ public speaking \_\_\_\_\_ publishing \_\_\_\_\_ graphics \_\_\_\_\_ web design \_\_\_\_\_ social media
- \_\_\_\_\_ marketing \_\_\_\_\_ program planning \_\_\_\_\_ strategic planning \_\_\_\_\_ education \_\_\_\_\_ social services \_\_\_\_\_ health care
- \_\_\_\_\_ accounting \_\_\_\_\_ management \_\_\_\_\_ business \_\_\_\_\_ human resources \_\_\_\_\_ legal \_\_\_\_\_ estate planning
- \_\_\_\_\_ criminal justice \_\_\_\_\_ victim support \_\_\_\_\_ counseling \_\_\_\_\_ mediation \_\_\_\_\_ public service \_\_\_\_\_ volunteer \_\_\_\_\_ other

Please provide background info regarding experiences listed above:

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

3. Empower Yolo serves victims of sexual assault, domestic violence, and human trafficking; provides resources for low income families; and offers free after-school enrichment programs for high school students. Do you have any background or experience with these types of programs? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please explain below:

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

4. Many grant programs require that at least one Board member has in his/her life experienced hardships. Have you personally suffered from any of these situations in the past, as an individual or as part of a family (information will remain confidential):

- \_\_\_\_\_ sexual assault \_\_\_\_\_ domestic violence \_\_\_\_\_ low income \_\_\_\_\_ school dropout \_\_\_\_\_ food insecurity \_\_\_\_\_ homelessness

5. Empower Yolo strives to have an ethnically and socially diverse Board. Are you a member of a minority or socially disadvantaged group? \_\_\_\_ yes \_\_\_\_ no. If yes please list: \_\_\_\_\_

6. Empower Yolo’s mission is to promote safe, healthy, and resilient communities. How do you believe you can assist Empower Yolo in meeting its mission and improving the organization and its services?

7. Board membership is for a two-year term and requires both time and financial commitments. All Board members participate in a committee in addition to attending monthly evening meetings, Board members are expected to attend a majority of Empower Yolo’s monthly public events, and all Board members must make a financial donation (per “100% giving” grant requirements) that is personally significant with the understanding that some Board members may not be able to afford to make a large annual donation. Do you have any conflicts or concerns about your ability to meet these commitments? \_\_\_\_ yes \_\_\_\_ no. If yes, please describe below:

8. Board members must abide by Empower Yolo’s Conflict of Interest Policy, which includes avoiding organizational conflicts. Do you currently serve on any non-profit or government boards/commissions in Yolo County? \_\_\_\_ yes \_\_\_\_ no. If yes, please list below:

9. Please list any existing volunteer commitments: \_\_\_\_\_

10. Please list the names and phone numbers of one to three persons who you have worked or volunteered with that we may contact:

11. Empower Yolo has an affiliated group called Friends of Empower Yolo who meet infrequently but during the weekdays and help organize two to four annual fundraising events. Would you be interested in becoming a member of this group if the Board was unable to extend you an offer to join the Board due to the number of qualified applicants? \_\_\_\_ yes \_\_\_\_ no.

**Email application to [Lynnette@empoweryolo.org](mailto:Lynnette@empoweryolo.org) or mail to: Executive Director, Empower Yolo, 175 Walnut Street, Woodland, CA 95695**

**FOR BOARD USE ONLY**

**Date Application Received:** \_\_\_\_\_

**Applicant has met with** \_\_\_\_\_ **Chair** \_\_\_\_\_ **-Executive Director** \_\_\_\_\_ **Committee**

**Governance Committee recommendation:** \_\_\_\_\_

**Action taken by the Board** \_\_\_\_\_ **Date:** \_\_\_\_\_