



HRPS Board Candidate Application

Date _____

Name _____
First _____ *MI* _____ *Last* _____

Contact Info _____
Residence Address

Phone _____ *Cell* _____ *E-mail* _____

Employer _____
Name

Your Title

Address

Phone _____ *E-mail* _____

Type of business or organization

Primary service(s) and area/population served

Contact Method *Preferred method of contact* ☐ Work ☐ Home ☐ Cell

Other Boards **Please list boards and committees that you serve on or have served on**
(business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization _____ *Role/Title* _____ *Dates of Service* _____

Benefit to HRPS How do you feel **HRPS** would benefit from your involvement on the Board?

Activities **What HRPS activities would you be interested in helping with?**
(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Walking tours | <input type="checkbox"/> Research, writing |
| <input type="checkbox"/> Annual Home Tour | <input type="checkbox"/> Monthly Programs |
| <input type="checkbox"/> Review Insurance Policies | <input type="checkbox"/> Special Bus Tours |
| <input type="checkbox"/> 4th Grade Education Program | Other _____ |
| <input type="checkbox"/> Historic Preservation Advocacy | Other _____ |
| <input type="checkbox"/> Best Practices Committee | Other _____ |

Participation **List the HRPS activities you have participated in or are familiar with.**

Skills **List your skills, experience, and interests.** (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 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"/> Grant writing |
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Policy development | Other _____ |
| <input type="checkbox"/> Program evaluation | Other _____ |
| <input type="checkbox"/> Public relations, communications | Other _____ |

Liaison **Please list the name of any groups, organizations or businesses that you could serve as a liaison to on behalf of HRPS.**

Anything Else **Please tell us anything else you'd like to share.**

Thank you very much for applying!