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**Application to the Board of Directors**

Thank you for your interest in becoming part of the Minnesota Milk Bank for Babies Board of Directors! Please complete the following to provide useful information about yourself that might want to consider you for its Board of Directors.

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email address: Click or tap here to enter text.

How did you hear about Minnesota Breast Milk for Babies?

Click or tap here to enter text.

Briefly describe why you would like to join our Board of Directors:

Click or tap here to enter text.

What are your current organization affiliations (names of organizations and your role)?

Click or tap here to enter text.

What skills, resources and knowledge do you have that you would bring to the board and Milk Bank? Check all that apply:

[ ] Strategic Planning

[ ] Fund Development/ Fundraising

[ ] Board Recruitment and Development

[ ] Program Planning and Evaluation

[ ] Marketing

[ ] Staffing/ HR

[ ] Finances/ Financial Management

[ ] Law/ Legal Analysis

[ ] Communication – Public Relations, Community Outreach

[ ] Social Media

[ ] Business or Non-Profit Management, Organizational Development

[ ] Hospital Administration/ Medical Field/ Research

[ ] Information Technology

[ ] Asset/ Property Management

[ ] Manufacturing / Production

[ ] Volunteer Management

[ ] Healthcare

[ ] Lactation

What other skills do you possess that you would like to utilize?

Click or tap here to enter text.

Are there any questions you have for us?

Click or tap here to enter text.

If you join the Board, you agree that you can attend regular meetings, and that you do not have any conflict-of-interest in participating on the Board.

Signature (Digital signatures accepted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap here to enter text.

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer in a way that matched your skills or interests? [ ] Yes [ ] No

Please note that all volunteers, including Board members, must complete a background check that requires personal information (e.g., social security #) for completion.

Email completed applications and questions to info@mnmilkbank.org.

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| For Board Use |
| * Nominee has had a personal meeting with Board President, Executive Director or Other Board Member. Who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee Receives Board Packet. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee Returns Board Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee Reviewed by Board Development Committee. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee Receives Board Meeting Invite. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Nominee Attended Board Meeting. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action Taken by Board:* Approved
* Not Approved

Date: |