



32 South Tracy Bozeman, MT 59715  
406-587-4486

**Application for Board Membership**

Date \_\_\_\_\_

Name \_\_\_\_\_  
First MI Last Familiar name

**Residence**

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Employer**

Name \_\_\_\_\_

Your title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Type of business or organization \_\_\_\_\_

**Preferred method of contact**     Work     Residence

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

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

**Education/Training/Certificates**

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

How do you feel **HRDC** would benefit from your involvement on the Board?

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**Skills, experience and interests** (Please check all that apply)

- |                                                           |                                             |
|-----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Finance, accounting              | <input type="checkbox"/> Special events     |
| <input type="checkbox"/> Personnel, human resources       | <input type="checkbox"/> Grant writing      |
| <input type="checkbox"/> Administration, management       | <input type="checkbox"/> Fundraising        |
| <input type="checkbox"/> Non-profit experience            | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Community service                | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Policy development               | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Program evaluation               | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Public relations, communications |                                             |
| <input type="checkbox"/> Education, instruction           |                                             |

**Availability to serve:**

Could you regularly attend monthly meetings (seven per year – weekday 8:30 – noon)?

yes  no  on occasion

Would you contribute financial support to the HRDC?

yes  no  not at this time

Would you participate in raising funds for the HRDC and awareness?

yes  no  on occasion

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

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**Thank you very much for applying Applications should be returned to:**

**HRDC**  
**c/o Sara Savage**  
**32 South Tracy**  
**Bozeman, MT 59715**  
**khamburg@thehrdc.org**