



The mission of Every Woman's Place is to improve and enhance the lives of women, children, youth and families in crisis in the community by providing and advocating for services which lead to their safety, their emotional and economic self-sufficiency, their productivity and their ability to participate fully in society.

Board of Directors Application – Please complete entire form

Name: _____

Mailing Address: _____

Work Phone: _____ Home Phone: _____ Email: _____

Place of Employment: _____

Occupation / Title: _____

Please explain why you are interested in serving as a board member of Every Woman's Place. Include any experience with EWP.

Outline any experience you have had serving on boards and/or other community service.

Please explain what philanthropy means to you.

Please share with us your comfort level with fundraising

Check area(s) of your expertise/experience/interest you feel would help further our mission and carry on the business of this non-profit board.

<input type="checkbox"/>	Governance Expertise / Experience	<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Policy Development	<input type="checkbox"/>	Public Relations / Media
<input type="checkbox"/>	Relevant Business Experience	<input type="checkbox"/>	Investment Management
<input type="checkbox"/>	Financial Expertise / Management / Accounting	<input type="checkbox"/>	Knowledge of the Service Population
<input type="checkbox"/>	Knowledge of the Community and Access to Local Organizations	<input type="checkbox"/>	Knowledge of the Types of Services Provided by the Organization
<input type="checkbox"/>	Access to Community Leaders	<input type="checkbox"/>	Access to Political Representatives
<input type="checkbox"/>	Knowledge of Legislative and State / Federal Budgetary Processes	<input type="checkbox"/>	Other
<input type="checkbox"/>	Public Recognition and Respect	<input type="checkbox"/>	Other
<input type="checkbox"/>	Resource Development / Fundraising	<input type="checkbox"/>	Other
<input type="checkbox"/>	Donor Connections	<input type="checkbox"/>	
<input type="checkbox"/>	Government Sector	<input type="checkbox"/>	
<input type="checkbox"/>	Law / Legal	<input type="checkbox"/>	
<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	
<input type="checkbox"/>	Demonstrated Interest in the Mission	<input type="checkbox"/>	
<input type="checkbox"/>	Leadership Skills	<input type="checkbox"/>	

Provide details for checked boxes above:

List and explain any additional skills or areas of expertise that you have that you think would support the mission of Every Woman’s Place.

Thank you for your interest in serving on the Board of Directors of Every Woman’s Place!

Please return completed form to: jillianp@everywomansplace.org
 Or mail to: Every Woman’s Place, Attn: Board Application
 1221 W. Laketon, Muskegon, MI 49441