



Palmer Community Foundation

An Affiliate of The Alaska Community Foundation

ADVISORY BOARD MEMBER APPLICATION

Name: _____

Address: _____

Primary Phone: _____ Email Address: _____

Current employer: _____

Type of work performed: _____

Education/Training/Certificates: _____

Skills, Experience & Interests (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grantwriting

Fundraising

Outreach, advocacy

Other _____

Other _____

Other _____

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

Organization

Role/Title

Dates of Service



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Past volunteer experience: _____

Why would you like to be on the Palmer CF Advisory Board? _____

Names, Addresses and Phone Numbers for 3 References

_____	_____	_____
_____	_____	_____
_____	_____	_____

Length of time in the Palmer community:

I have read, understand and agree to abide by the Advisory Board Member Job Description. *(Check box)*

Signature: _____ Date: _____

In order to be considered for the Palmer Community Foundation Advisory Board, this form must be submitted to: PO Box 1241, Palmer, AK 99645 OR to a current Palmer CF Advisory Board member. All members will be submitted to the Board of The Alaska Community Foundation for final approval.

Thank you for your commitment to our community and for your interest in the Palmer Community Foundation, an Affiliate of The Alaska Community Foundation.