



United Way of Crookston, Inc

Board Member Application

Name: _____

Address: _____

Email: _____

Phone: _____

About You

How long have you lived in the Crookston Area? _____

Have you served on a non-profit board before? YES NO

If yes, what board and when? _____

Have you ever worked for any of our grant recipient programs or agencies?

YES NO

If yes, what program and when? _____

Please list any skills and knowledge you will bring to the board: _____

Professional/Business/Volunteer Affiliations: _____

Why are you interested in serving on this board? _____

Board Member Expectations

- Board members will serve on at least two standing committees that meet throughout the year. (Usually 2-3 times)
- Board members will attend monthly meetings throughout the year. (10 meetings, approx 1 hour)
- Board members will attend and help staff at least 2 fundraising events throughout the year.
- Board members will attend grant hearings in March
- Term length is three years, members can serve two consecutive terms

Signature _____ Date _____

Return to exec@unitedwayofcrookston.org or PO Box 218 Crookston, MN 56716