



Board of Directors Membership Application

Date: _____

Name: _____
First Middle Initial Last

CONTACT INFORMATION

Mailing Address: _____

Preferred phone number: _____

Preferred e-mail address: _____

EMPLOYER

Name: _____ Your Role/Title: _____

Address: _____

Areas of Expertise/Skills/Connections (please check all that apply):

- ___ Legal ___ Fundraising ___ Nonprofit Board
___ Financials/Investments ___ Government/Legislative ___ Community Member
___ CPA ___ Program Development/Evaluation ___ Lived Experience
___ Marketing/Communications ___ Property Management ___ Other (explain below)
___ Business Development ___ Housing Development

Other expertise, skills and connections you will bring to board service with Deborah's Place? _____

What are your previous volunteer experiences or leadership roles? _____

Are you a member of any Civic/Professional/Alumni Associations? (please list) _____

Can you commit a minimum of 4-8 hours a month to Deborah's Place? Yes No



Do you understand the fundraising expectations for Board Membership? Yes No

Are you able to participate in other fundraising activities? (e.g. attending events, making donor thank you calls, etc.)
Yes No

Deborah's Place believes that achieving the organization's mission of ending homelessness for women in Chicago requires diverse voices, perspectives, skills and experiences. As the governing body, the board is committed to leading from the top to promote diversity, accessibility, inclusion and equity within our organization with courage and optimism. Deborah's Place actively promotes and recognizes principles of fairness, equity, and social justice in relation to, and across, intersections of race, age, color, disability, faith, religion, education, ancestry, national origin, citizenship, sex, sexual orientation, social class, economic class, ethnicity, gender identity, gender expression, and all other identities represented within our organization.

Please share your personal pronouns (e.g. he/him, or she/her, or they/them, etc.) _____

Thank you for your interest in serving on the Board of Directors of Deborah's Place.

Please return this application and a copy of your resume via e-mail to governancecommittee@deborahsplace.org

For Governance Committee Use Only:

- ___ Candidate has met with CEO Date: _____
- ___ Candidate has met with a member of the Governance Committee Date: _____
- ___ Candidate visited a program site Date: _____
- ___ Candidate application reviewed by the Governance Committee Date: _____
- ___ Candidate has attended a board meeting Date: _____

Governance Committee Recommendation:

- _____yes
- _____yes w/reservations
- _____no