



In Due Season

438 W. Washington St., Suite 101 ♦ 757-809-7128 ♦ info@indueseasonministries.org

Board of Directors Application

(Please print or type)

Name, phone, email address of organizational representative:

Tracy Hubbard ♦ 757-809-7128 ♦ tracy@indueseasonministries.org

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 _____
Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Experience and/or Employment

Please attach the following:

- ___ Resume
- ___ Biography (250 words or less to be used for business and/or promotional purposes)
- ___ High Resolution Photo (upon request)

If selected, may In Due Season post your photo on its website? (Please circle)

YES or NO

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

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

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel In Due Season would benefit from your involvement on the Board?

Skills, experience and interests (Please select all that apply)

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

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of In Due Season.

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

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____

Thank you very much for applying

For In Due Season Use Only

- Applicant is being recommended for initial board member status
- Applicant is a candidate for board member status

Action taken by In Due Season.

For Board Use ONLY

- Nominee has had a personal meeting with either president, vice-president, or other board member. Date _____
- Nominee reviewed by the committee. Date _____
- Nominee attended a board meeting. Date _____
- Nominee interviewed by the board. Date _____

Action taken by the board

Submit Application to:

**In Due Season
Attn: Tracy Hubbard
438 W. Washington, St., Suite 101
Suffolk, VA 23434**

OR

email: tracy@indueseasonministries.org