

Delaware Opportunities Inc.
Board of Directors Interest Application Form

Personal Information

Name (First and Last): _____

Date: _____ Email: _____

Address: _____

Phone Number: _____

Business/Work Information

Title/Profession: _____

Company/Organization: _____

Address: _____

Please list your current and past Board experiences.

What are your current associations and/or club affiliations?

Please list your relevant skills and expertise.

- | | | |
|--|---|---|
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Reading/Understanding Budgets and Balance Sheets | <input type="checkbox"/> Public Policy/Advocacy |
| <input type="checkbox"/> Legal Expertise | <input type="checkbox"/> Public Speaking/Presentations | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> HR/Administration | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Marketing | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Professional Nonprofit Experience | <input type="checkbox"/> Facilities | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Financial Investment Management | <input type="checkbox"/> Other: _____ | |

What is your educational background?

What do you feel is essential to ensure that the Board and staff are successful in attaining the goals for this organization?

What connections, experiences or resources would you bring to the Board?

Please explain your interest in joining our Board.

What other information would you like us to know.

_____ Please check here if you are an advocate for or have a family member with a developmental disability (one of programs requires representation on our Board of Directors)

*The Board of Directors meets monthly, except for July and August, the third Tuesday of the month at 6:30 pm. Meetings can be attended in-person in Hamden or via Zoom.

*Please understand that this application does not guarantee you a place on our tri-partite Board. It does, however, express your official interest for consideration by the current Board of Directors as positions are available.

I certify, by my signature, that the information contained within this application and all supporting documents are true, accurate, and complete to the best of my knowledge.

Signature

Date