



Board of Directors Application

Thank you for your interest in a position on our Board of Directors at Black Hills Community Loan Fund. Please complete this application and attach a resume. The information obtained will be used to evaluate your application and determine if you are a great fit for our Board of Directors.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Personal Email: _____

Employment

Place of Employment: _____

Work Phone #: _____ Fax #: _____

Work Email: _____

Additional Information

Tribal Affiliation (if applicable): _____

Are you related to any BHCLF Employee or any member of the Board of Directors?

Yes

No

If yes, please list the name of the individual(s) _____

Do you serve on any other Boards or Committees?

Yes

No

If yes, please list the following:

Name of Organization: _____ Role(s): _____

Name of Organization: _____ Role(s): _____

Board Related Questions

Briefly describe why you would like to join our Board of Directors:

What board position(s) are you interested in? *Check all that apply:*

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chair of the Board | <input type="checkbox"/> Vice Chair | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | |

Which skills can you contribute to our board? *Check all that apply:*

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Nonprofit Experience |
| <input type="checkbox"/> Community Networking | <input type="checkbox"/> Investment | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal | <input type="checkbox"/> Tradition/Culture |

List any other skill(s): _____

Are you able to attend and actively participate in quarterly board meetings?

- Yes No

Will you be able to attend and actively participate in special board meetings as scheduled?

- Yes No

Do you have commitments or responsibilities that may hinder your ability to attend and or participate in board meetings?

- Yes No

If yes, please explain: _____

References

Provide (2) references:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Resume

Please submit a resume with this application. * *Please note: Applications that are submitted without a resume will not be considered.* *

Signature

By signing this application, you certify that all information is true and correct to the best of your knowledge.

Signature of Applicant: _____ Date: _____

| <u>OFFICE USE ONLY</u> | |
|-------------------------------|--------|
| Date Received: | |
| Date Presented to the Board: | |
| Elected: | Y or N |
| Reason(s) (if applicable): | |
| Position (if elected): | |