

Potential Board Member Screening

Murrysville Community Library Foundation Board Membership Application

Name _____

Title (if applicable) _____

Company Name (if applicable) _____

Address _____

City/State/Zip _____

Day Phone _____ Fax _____

Cell Phone _____ Evening Phone _____

Email address _____

Please indicate the experience and talents you bring the Board of Directors. Check **all** that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Professional Relationship | <input type="checkbox"/> Construction | <input type="checkbox"/> Community relations |
| <input type="checkbox"/> Management | <input type="checkbox"/> Real estate | <input type="checkbox"/> School relationship |
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Plant Management | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other Libraries |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Legal affairs | | |

Are the services of Murrysville Community Library Foundation consistent with:

- | | |
|---|--|
| <input type="checkbox"/> Your own personal interests? | <input type="checkbox"/> The social thing to do? |
| <input type="checkbox"/> The business thing to do? | <input type="checkbox"/> A friend's interest? |

On what other **non-profit** boards do you serve?

Organization/ _____ Date of term expiration _____

On what **for profit** boards do you currently serve?

Organization _____ /Date of term expiration _____

If you answered either questions above, please tell us: Is your board service in the community a source of pride and personally fulfilling? Yes / No

Why:

Our purpose is to raise funds and advocate in the community for Murrysville Community Library. Why are you interested in serving on the board of Murrysville Community Library Foundation?

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Does your significant other/family share your interest in, and commitment to Murrysville Community Library? Yes / No
Why:

Each board member is required to make a personal or corporate gift to the organization. As a board member, would you be willing to give personally or through your company to the organization? Yes / No

Would you be willing to seek financial support for the organization from friends, family, colleagues and businesses? If not, why? Yes / No

The board meets monthly for 2 hours. A calendar of meeting dates is scheduled and distributed in advance. Board members are expected to attend at least three-quarters (3/4) of the regularly-scheduled meetings per year. Are you willing to commit to attending board meetings? Yes / No

Each board member is responsible for serving on a minimum of one standing board committee. We also have ad hoc committees that organize for different initiatives. This would add to the time commitment for service. Please indicate the standing committees on which you would like to serve:

- Governance
- Finance / Investments
- Development / Fundraising

Signature _____ Date _____

Nominating Member Signature _____