# ConNext Board Application

*As a program of Nonprofit Connect, Connext promotes an efficient, viable and inclusive nonprofit sector that supports the growth, learning, and development of nonprofit and business professionals so they so that they can effectively contribute to the community and achieve their missions.*

## What We Do:

We energize prospective and emerging nonprofit professionals with resources to:

1. Connect with a support network of fellow nonprofit professionals and exchange ideas
2. Enhance career growth through development events (i.e. CEO Coffee Talks, All-access events, Lunch and Learns)

## What is Expected:

- Fulfill at least one 2-year term (second and third term possible)
- Attend a monthly meeting (currently 4:00pm-5:30pm on the first Wednesday of every month)
- Serve on a committee for growth: Marketing, Community Engagement, Recruitment, Board Engagement
- Be (or become) an active member of Nonprofit Connect
- Assist with planning events and attend as possible

## Contact Information

| | |
|---|---|
| Name | |
| Home Address | |
| City/State/Zip | |
| Home or Cell Phone | |
| Work Title | |
| Company | |
| Work Address | |
| City/State/Zip | |
| Work Phone | |
| Preferred Email Address | |

connext
emerging nonprofit leaders

**Tell us where you share your time locally and /or nationally (i.e. boards, committees, volunteer service)**

**What experience do you have that is related to our mission?**

**What role do you think you would play on the board?**

**What two local organizations would you like to see collaborate on a Connext program or event?**

**Did you attend the Connext recruitment event on September 18th?**

Yes ☐ No ☐

**Are you or your organization a current member of Nonprofit Connect?**

Yes ☐ No ☐

**Summarize why you are interested in serving on the steering committee for Connext?**

**Personal Reference**

| | |
|---|---|
| Name | |
| Email Address | |
| Relationship | |

**I certify that my supervisor approves of me attending Board meetings at 4pm the first Wednesdays of each month:**

Yes ☐ No ☐

**Agreement and Signature**

*By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Committee Member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

| | |
|---|---|
| **Name** | |
| **Date** | |

*It is the policy of this board to provide equal opportunities without regard to race, ethnicity religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application and for you interest in Connext!*

**PLEASE ATTACH YOUR RESUME**