

BOARD OF DIRECTORS APPLICATION

Please return this appli	cation to KPOV by	(date):	
Date			
Name			
First Residence Address	MI	Last	Familiar name
Phone			
Employer Name			
Your title			
Address			
Phone		E-mail	
Type of business or orga	nization		
Primary service(s) and a	rea/population serv	ed	
Preferred method of co	ntact () Work	() Residence	
Please list boards and c community, fraternal, p	•	•	ve served on (business, civ eligious, social).
Organization	Role/Title	D	ates of Service

PLEASE ATTACH A "STATEMENT OF INTEREST" WITH CV/RESUME.

This statement should include experience with KPOV and/or community radio; what KPOV programs you listen to; what attracts you to KPOV; what contribution you can make to KPOV; what KPOV gives you; volunteer history; and any other details.

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

Finance, accounting	Education, instruction	
Personnel, human resources	Special events	
Administration, management	Grantwriting	
Nonprofit experience	Fundraising	
Community service	Outreach, advocacy	
Policy development	Other	
Program evaluation	Other	
Public relations, communications	Other	

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

PLEASE NOTE:

- > KPOV is a working board. Members are expected to serve a minimum of 12 hours a month.
- Board members are also expected to take a leadership role in oversight and direction of KPOV. Members are expected to join a minimum of one committee and assist with events.
- Board members are expected to make an annual financial contribution to KPOV that is significant to them.

Thank you for applying to KPOV Community Radio