



Advisory Board Candidate Application

Date:

Name:

Home:

Address:

Phone:

Email:

Employer:

Name:

Title:

Address:

Phone:

Email:

Type of Business
or organization

Main service(s) and
area/population served

Preferred method of contact:

Work

Residence

Please list boards and committees that you serve on, or have served on (advisory business, civic, community, professional):

Organization

Role/Title

Dates of Service



How would One Kin Roof benefit from your involvement on the Advisory Board?

Skills, experience and interests: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Personnel, human resources | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Education, instruction |
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Outreach, advocacy | <input type="checkbox"/> Other <input type="text"/> |

Please list any connections with community groups or businesses that you could serve as a liaison to on behalf of One Kin Roof:

Is there anything else you would like to tell us about yourself?



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Please email completed application to:

info@onekinroof.org

You can print your application and mail to:

One Kin Roof
120 104th Avenue #172
Treasure Island, FL 33706

Thank you for applying to One Kin Roof's Advisory Board. We will review your application and contact you with next steps.

Dr. Karen Berkman
President
One Kin Roof Board of Directors