



Martin Volunteers
and the Retired and Senior Volunteer Program (RSVP)

AGENCY OPPORTUNITIES FOR BOARD OR COMMITTEE MEMBERS

Date of application: _____

AGENCY NAME: _____

ADDRESS: _____

AGENCY DIRECTOR: _____ PHONE: () _____

E-MAIL: _____ FAX: () _____

MISSION/PURPOSE: _____

Issues Your Board/Committee Addresses:

- ___ Aging ___ Arts/Museum ___ Children/Youth
___ Civic/Community ___ Disabilities ___ Environmental
___ General Social Services ___ Health Care ___ Homeless/Emergency
___ Housing Development ___ Literacy ___ Mental Health
___ Recreation ___ Substance Abuse

Program requesting volunteer other than agency: _____

Person making request: _____ Daytime phone: () _____

Title: ___ Board President ___ Nominating Chair ___ Chairperson ___ Other _____

When does your board regularly meet? Weekdays: o Days o Evenings
Weekends: o Days o Evenings

Specify: _____ Location: _____

Time commitment: _____
(hours/per month)

Term of Office: _____

Are you requesting?

___ Board Member ___ Committee Member

___ How many? ___ How many?

Description of Board or Committee Member responsibilities:

Skills: Of the following skills, indicate those that are needed for your board and at what level of skill according to the scale provided:

1 = interest in the field **2** = experience in the field **3** = skilled in the field

- | | |
|------------------------------------|-------------------------------|
| ___ Accounting | ___ Government/Politics |
| ___ Board Development/Training | ___ Legal Issues |
| ___ Building Trades/Skilled Trades | ___ Management |
| ___ Clerical/Secretarial | ___ Marketing/Sales |
| ___ Diversity Issues | ___ Personnel/Human Resources |
| ___ Economic Development | ___ Project Evaluations |
| ___ Education | ___ Property Management |
| ___ Employee Organizations/Unions | ___ Public Relations |
| ___ Event Planning | ___ Social Services |
| ___ Finance | ___ Training/Teaching |
| ___ Fund-raising | |

Special Needs: Are there any special needs required for better board composition? Please check those that apply:

- | | | | |
|------------|----------------------------|--------------|-------------------|
| ___ Male | ___ Black | ___ Under 18 | ___ 50-64 |
| ___ Female | ___ White | ___ 18-24 | ___ 65+ |
| ___ Both | ___ Asian | ___ 25-34 | ___ No preference |
| | ___ Hispanic | ___ 35-49 | |
| | ___ Other (please specify) | _____ | |

Any other special requests? _____

When do you typically seek new board/committee nominations? _____

Thank you for taking the time to complete this form.

Please return to:

**Martin Volunteers
P.O. Box 362
Stuart, FL 34995**