



Gabriel's Angels - Board of Director's Application Form

Dear Candidate: _____

Please complete the following information to assist our Nominating Committee in its selection of candidates for election to the Gabriel's Angels Board of Directors. This is a fillable PDF, which you need to print out and fax or return as a PDF by emailing to our office. Thank you.

Name: _____

Home Address: _____

Present Employer: _____

Dates of Employment: _____

Title or Position: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ FAX: _____

Email: _____

Preferred method of contact: Phone call Text Email

Why would you like to be on the Board of Directors of Gabriel's Angels: _____

Prior board experience: Yes ____ No ____

Please attach a resume which addresses:

1. Current or past positions held on Committee or Board including organization name, title, description of duties, dates held, and the address and phone number of an appropriate contact at the organization.
2. Current or past memberships in clubs, civic organizations or associations not included above.
3. Other Volunteer work not listed above.
4. Education and employment history.
5. Include an explanation of experience and capabilities in the list below.
 - a. Finance: Yes ____ No ____
 - b. Marketing: Yes ____ No ____
 - c. Fundraising: Yes ____ No ____
 - d. Audit: Yes ____ No ____



- e. General management: Yes _____ No _____
f. Communications: Yes _____ No _____

Are you immediately available and willing to serve? Yes _____ No _____
Is there any impediment to your attendance at regular Board meetings? Yes _____ No _____

Please supply any other information that you believe should be considered in evaluating your application to be a member of Gabriel's Angels Board of Directors (please limit to 50 words):

I understand that my nomination is at the pleasure of the Nominating Committee. I understand that the Nominating Committee seeks persons of the highest personal and professional integrity. These are individuals who have demonstrated exceptional ability and judgment to serve as independent members of Gabriel's Angels Board of Directors, and those who will be most effective, in conjunction with the other members of the Board, in collectively serving the long-term interests of Gabriel's Angels. I certify that:

- The information supplied in this self-nomination is complete and accurate to the best of my knowledge.
- I understand that if I provided false or misleading information it may be cause for disqualification from consideration in this process and that if it is discovered after I might be selected as a Board member, it may be cause for removal from that position.
- I understand that the information supplied to the Gabriel's Angels Nominating Committee in this process will be maintained as confidential by the Gabriel's Angels Nominating Committee and its agents. However, I authorize the Gabriel's Angels Nominating Committee and its agents to verify the accuracy of the information I have provided and to use this information for all purposes related to this nomination process.
- I understand that further and more detailed responses will be required of me if I become a final candidate.

Printed Name: _____

Signature: _____

Date: _____

Return to:

Gabriel's Angels, Inc.

Attn: Pam Gaber

Toll Free Fax: 1.844.272.7580 E-mail: pgaber@gabrielsangels.org