

BOARD OF DIRECTORS APPLICATION FORM

The information provided will be used by the Board of Directors to recommend a list of nominees best qualified to serve as board members. Recommended nominees will be appointed by Potlatch Fund Board of Directors.

Submitted by: ☐ Self Nomination ☐ Name:		
(If this is a self-nomination please in nomination the complete nomination Name:	on form will be considered a ref	
Mailing Address:		
C	ity	
State:	Zip/Postal:	County:
Phone:	Email:	
Qualifications Board Member to be appointed will ha 1. Where of the following service area 2. Which American Indian/Alaskan National Alaskan National Alaska	do you represent? □ OR □ M1	Γ □ WA □ IDOther
3. Please check any of the following sk□ Leadership Experience □ Professio	·	•
□ 2 Spirit □ Youth Development □ E	·	_
□ Community Development □ Non-P □ Finance/Accounting	·	_

4. Briefly describe how the nominee would be a valuable member of our Board of Directors. Include professional experience and/or ways that the nominee can help strengthen the work of Potlatch Fund and what assests the nominee will bring to the Board.