



APPLICATION FOR THE BOARD OF DIRECTORS – THE LEARNING CENTER OF SOUTHWEST IOWA

Thank you for your interest in being a member of the Board of Directors of The Learning Center of Southwest Iowa!

NAME: _____

BUSINESS AFFILIATION / TITLE: _____

MAILING ADDRESS: _____

CITY, STATE ZIP: _____

EMAIL ADDRESS: _____

PREFERRED PHONE: _____ home / work / cell

Please check the education or skills that you will contribute to the board:

- | | |
|---|---|
| <input type="checkbox"/> Educator / School Administration | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Finance / Accounting | <input type="checkbox"/> Community Relations / Outreach |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Medical / Therapist |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Community Leader |
| <input type="checkbox"/> Fundraising | |

Have you ever served as a board member for any other organization (for profit or non-profit)? If so, please describe your experience:

What type of life experience(s) have you had that would add to you being a member of the board at The Learning Center of Southwest Iowa?

Why are you interested in a role on this board?

What area(s) would you be interested in working on?

Do you understand that attendance at monthly board meetings is required?	YES	NO
Will you commit to 2-10 hours per month to this board (including board meetings)?	YES	NO
Will you commit to attending fundraisers and community awareness for TLC?	YES	NO

Please return completed application to:

The Learning Center of Southwest Iowa
Attn: Development Director
1715 West Prairie Street, Suite A
Creston, IA 50801