

NOBCCF

NORTHERN OHIO BREAST CANCER COALITION FUND
Survivors Working For A Cure

Board of Trustees

Application Form

We're grateful for your interest in applying for a position on NOBCCF's Board of Trustees. Please tell us about yourself and your expectations in working with NOBCCF. All information will be shared with our Trustees, but is otherwise confidential.

Applicant Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Organization Affiliation (if any) : _____

Your position within the organization: _____

Are you a breast cancer survivor? _____

What is your occupation? _____

1. Please describe your background in non-profit service:

2. Please describe any special skills or experience you feel would be helpful to NOBCCF:

3. Please take some time to review NOBCCF & NBCC's policy statements, which you can find at their web site (www.nobcc.org and www.stopbreastcancer.org). Do you have any questions about these policies? _____

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4. Do you have experience sitting on a governing board? What other boards do you currently sit on?

5. Have you been involved in any kind of advocacy work in the community? If so, please describe the activity and what you accomplished:

6. Our board meets four times per year and conducts occasional conference calls. Most committees also meet at least once every two months. We also encourage board members to attend NBCC's Annual Conference or ProjectLEAD once during their tenure. Are you able to commit this amount of time to meetings and other work in governing this organization?

Thanks so much for taking the time to complete this application. We're deeply grateful for your interest in NOBCCF. Please complete this form and mail or fax it to:

**NOBCCF
Attn. Board Development
8921 Brecksville Rd.
Brecksville, OH 44141**

Please feel free to call if you have any questions at 440-717-9912; fax to 440-717-9962.