



Board of Directors Interest Form

Thank you for your interest in joining Wapiyapi and our Mission to provide an exceptional camp experience that fosters friendships, fun and healing outside of the hospital to families facing childhood cancer.

First name

Last name

Preferred email address

Preferred mailing address

Street address line 2

City

State

Zip code

Preferred phone number

Preferred Contact Method

Phone

Email

Mail

Marital Status

Name of Spouse/Partner

Name(s) and age(s) of children

Personal Interests / Skills / Hobbies:

Please list any community affiliations (professional organizations, civic clubs, non-profits, etc.) and the current position you hold with them, if any:

How did you learn about Wapiyapi?

How do you feel Wapiyapi would benefit from your involvement on the board?

Have you ever or do you currently serve on a Board of Directors?

Yes No

If Yes, please list and include roles on the board:

Professional Profile

Occupation

Job Title

Employer

Is your current work:

For Profit

Nonprofit

Public/Government

Have you ever worked in nonprofit?

Yes No

If Yes, please describe:

Please indicate any skills, experience and interests (Please check all that apply)

Accounting	Legal
Budget	Lobbying/Advocacy
Business Planning	Marketing
Change Management	Medical
Community Relations	Non-Profit Management
Education	Organizational Development
Event Planning	Policy Development
Finance	Program Evaluation
Fundraising	Public Relations/Media
Grant Writing	Strategic Planning
Human Resources	Technology/IT
Other	

Please specify if there is a position that interests you:

President	Vice-President
Secretary	Treasurer
Committee Chair	I need additional information first

Please indicate the committee(s) that interest you:

Development	Finance	Programming	Marketing
Nominating			

Please tell us anything else you would like to share:

Thank you for your interest in Wapiyapi! We look forward to talking with you very soon!