

Kearney Area Children's Museum  
Board of Directors Application



Date of Application: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell and/or Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Education: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Previous Occupation(s): \_\_\_\_\_

List community, civic, professional, business, religious, social, athletic or other organizations of which you are or have been a member:

Please explain what you personally will bring to the Kearney Area Children's Museum:

List from 1-6 (1 most interested, 6 least interested) the following areas where you could provide leadership:

- \_\_\_ Community Awareness (marketing, partnerships, etc.)
- \_\_\_ Finance
- \_\_\_ Nominating
- \_\_\_ Development
- \_\_\_ Education (exhibits and Programming)
- \_\_\_ Membership/Volunteers

Please explain what fundraising capabilities you believe you could bring to the Kearney Area Children's Museum and any potential ideas for fundraising you may have:

List any prior fundraising efforts you have been involved with or contributed to:

Please list two references and phone numbers: