

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: