



# Board of Director's Application California Urban Forests Council (CaUFC)

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[www.caufc.org](http://www.caufc.org); [www.investfromthegroundup.org](http://www.investfromthegroundup.org)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### *CaUFC Vision Statement:*

California's communities are cleaner, healthier  
and more prosperous through collaborative action and investments in  
urban forests and urban greening.

1. Can you please briefly describe your commitment to the CaUFC vision?
  
  
  
  
  
  
  
  
  
  
2. Why are you interested in serving on the CaUFC Board?
  
  
  
  
  
  
  
  
  
  
3. How did you hear about this Board opening?

4. **CaUFC is interested in building a diverse Board of Directors. Can you please indicate if you identify with any of the below? (Optional).**

*Please highlight your selection.*

Caucasian	African-American	Hispanic	Asian/Pacific Islander
Native-American	Bi-Racial	LGBT	Other

5. **Do you have any experience, training, qualifications or skills that you feel make you especially suited for serving as a Board Member?** (e.g. marketing, fundraising, non-profit management/governance, financial management, legal, sustainable landscape expertise, etc.).

*Please highlight your selection.*

Yes    No    If yes, please explain

6. **Board/Community/Civic Involvement:** *(If none, please go to question 8)*

List below both present and past board/community involvement starting with your most recent experience *(please use additional pages, if required)*.

**Name of Board/Committee**

**#1**

**Type of Organization**

**President's Name**

**Contact Phone**

**E-mail Address**

**Mailing Address**

**City, State, Zip**

**# Hours Volunteered per  
Month**

**Dates of participation**

**Please describe your participation and whether you served in a leadership capacity:**

**Reason for Leaving:**

**May we contact the Board/Organization President for a reference?**

Name of Board/Committee  
#2

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Type of Organization

---

President's Name

---

Contact Phone

---

E-mail Address

---

Address

---

City, State, Zip

---

# Hours Volunteered per  
Month

---

Dates of Participation

---

Please describe your participation and whether you served in a leadership capacity:

Reason for Leaving:

May we contact the Board/Organization President for a reference?

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**Additional References** *(Optional)*

List below two persons not related to you who have knowledge of your board/civic performance within the last three years.

Name

---

Phone

---

E-mail Address

---

Address

---

City, State, Zip

---

Occupation

---

Number of Years  
Acquainted

---

Dates of Participation

---

How do they know about your board/community involvement and/or professional expertise?

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Number of Years  
Acquainted \_\_\_\_\_

Dates of participation \_\_\_\_\_

How do they know about your board/community involvement and/or professional expertise?

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7. **Within CaUFC’s Governance Framework, fundraising is listed as a key responsibility of all Board members. CaUFC currently requires a significant contribution to the implementation of the Fundraising Plan, which can be accomplished in a number of ways including:**

- a) giving a minimum donation of \$500 & sharing in a Board established annual fundraising goal
- b) recruitment of significant new sponsors (general, corporate, conference, garden tour, etc.);
- c) recruitment of new donors;
- d) organizing or hosting a garden party/house party;
- e) helping with a membership drive;
- f) helping to write or secure a grant;
- g) another activity approved by the Board Chair.

Please indicate what type of fundraising assistance you can provide to the Coalition?

***Please highlight all that apply***

Will make a personal financial contribution above the minimum	Yes	No	Maybe
Will organize and run a fundraising event	Yes	No	Maybe
Will ask others to make a financial contribution to CaUFC	Yes	No	Maybe
Will help secure a gift from my company/employer	Yes	No	Maybe
Will approach foundations and corporations for sponsorship	Yes	No	Maybe
Other _____	Yes	No	Maybe

8. Availability: We understand that your time is limited. What professional or personal constraints on your time or service do you anticipate?

What days and hours are you available to participate in Board and Committee meetings or calls?

Please indicate availability below.

	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Approximately how many hours per month are you available?

- 9. Professional Activities: Please attach your resume or list of volunteer activities to this application.
- 10. CaUFC has established member duties and responsibilities to ensure that Board members understand and can meet the minimum requirements for active participation.

A copy of our CaUFC Governance Framework (Duties and Responsibilities) is attached. Can you please briefly comment on your ability to meet these requirements and discuss any current or potential conflicts that you think might occur during Board service?

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*Applicant's Signature*

*Date*