



Board Member Application

California Urban Forests Council (CaUFC)

Mail: PO Box 823, Novato, CA 94948
Telephone (415) 479-8733;
Email: njhughes@caufc.org
www.caufc.org; 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

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?

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?

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

	YES	NO	MAYBE
Will make a personal financial contribution above the minimum			<input type="checkbox"/> <input checked="" type="checkbox"/>
Will organize and run a fundraising event	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Will ask others to make a financial contribution to CaUFC	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Will help secure a gift from my company/employer			<input type="checkbox"/> <input checked="" type="checkbox"/>
Will approach foundations and corporations for sponsorship	<input type="checkbox"/> <input checked="" type="checkbox"/>		
Other _____ Will include giveaways of Bay Area Redwood product for fundraisers			

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'm heavily involved in day-to-day operations of Bay Area Redwood and thus I hesitate to put specific mornings/ afternoons I am available; however, I can certainly adjust my schedule to meet existing board meeting times

	<i>Morning</i>	<i>Afternoon</i>	<i>Evening</i>
Monday			<input type="checkbox"/> <input checked="" type="checkbox"/>
Tuesday			<input type="checkbox"/> <input checked="" type="checkbox"/>
Wednesday			<input type="checkbox"/> <input checked="" type="checkbox"/>
Thursday			<input type="checkbox"/> <input checked="" type="checkbox"/>
Friday			<input type="checkbox"/> <input checked="" type="checkbox"/>
Saturday			<input type="checkbox"/> <input checked="" type="checkbox"/>
Sunday			<input type="checkbox"/> <input checked="" type="checkbox"/>

Approximately how many hours per month are you available?

9. Professional Activities: Please attach your resume or list of volunteer activities to this application.

<https://www.linkedin.com/in/nharvey92>

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?

I can meet these requirements and I do not believe I have any personal or business conflicts.

Nicholas Harvey

Applicant's Signature

Date