



APPLICATION FOR BOARD SERVICE

The Board of Directors of the Edmonds Center for the Arts welcomes applications for membership. Because our bylaws limit membership to 24 directors, the Board seeks members who have a strong commitment to the mission and vision of the Center and who can contribute to a balanced, strong and diverse membership.

Yes, I am interested in service on the Board of the Edmonds Center for the Arts (Note: all information is kept confidential).

NAME: _____

BUSINESS ADDRESS: _____

CITY: _____, WA **ZIP:** _____

HOME ADDRESS: _____

CITY: _____, WA **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL PHONE: _____

WORK EMAIL: _____

PERSONAL EMAIL: _____

- 1. Please share your response, if any, to the Edmonds Center for the Arts mission:**
To celebrate the performing arts, strengthen and inspire our community, and steward the development and creative use of the ECA campus.
- 2. Why are you interested in serving on the ECA Board of Directors?**
- 3. What skills, experience or contacts would you bring to the ECA Board?**
- 4. What is your interest and ability with regard to fundraising? (Note: All members of the ECA Board are expected to make an annual monetary contribution.)**

5. Please choose one or more Board Committees where you would be willing to make a significant investment of time, energy and ideas:

- _____ Administration & Finance Committee
- _____ Board Governance Committee
- _____ Education and Community Outreach Committee
- _____ Facilities & Operations Committee
- _____ Hosting Committee
- _____ IDEA - Inclusion and Accessibility Committee
- _____ Philanthropy Committee

6. Additional comments?

BIOGRAPHIC INFORMATION (Please complete or attach resume or CV.)

Employment:

Current Position: _____
Company/Organization: _____
Summary of other position(s): _____

Current and past Board memberships and other volunteer/non-profit leadership experience:

Organization: _____
Dates: _____
Position(s) held: _____
Skills gained: _____

Organization: _____
Dates: _____
Position(s) held: _____
Skills gained: _____

Organization: _____

Dates: _____

Position(s) held: _____

Skills gained: _____

Educational Background:

High School: _____

College: _____

Post Graduate: _____

Other: _____

Signature: _____ Date: _____

Please return completed form to:
boardapplications@ec4arts.org

If mailed, please direct to:
Edmonds Center for the Arts
ATTN: Lexie Marsters
410 4th Avenue N.
Edmonds, WA 98020