



The Bridge Associate Board of Directors
Application Form

Thank you for your interest in joining The Bridge Youth and Family Services Associate Board! Use this form to provide useful information about yourself to ensure the best match between you and The Bridge. The following information will be shared with our Associate Board Chair.

Name: _____

Mobile number: _____ Email: _____

Address: _____

How do you think The Bridge youth and Family would benefit from your involvement on the Associate Board?

Briefly describe why you would like to join our Associate Board?

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Financial management | <input type="checkbox"/> Social Media/Digital Marketing |
| <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Salesforce |
| <input type="checkbox"/> Community Networking | <input type="checkbox"/> Evaluation | |



Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Associate Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

If you join the Associate Board, you agree that you can provide at least 2-4 hours a month.

Your signature: _____ Date: _____