



National Association of Education Foundations

Director Application Form

CONTACT INFORMATION

Name

Organization

Title/Position

Phone

Cell

Email

No. of Years with an Education Foundation

Are you CEFL Certified? No/ Yes

Other Certification(s)

FOUNDATION INFORMATION

Year Founded

No. of Foundation Staff

Gross Revenue

No. of Years with Foundation

EDUCATIONAL SYSTEM INFORMATION

Name of Educational System

Type of Educational System

No. Students Served



National Association of Education Foundations

PREVIOUS ASSOCIATION / VOLUNTEER / LEADERSHIP EXPERIENCE

Please list three previously held positions in a nonprofit organization, including volunteer and leadership roles.

ORGANIZATION / POSITION

PROFESSIONAL REFERENCES

Please provide two individuals with whom we can contact about your professional and/or volunteer experience.

NAME / ORGANIZATION / PHONE/ EMAIL



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SERVICE TO THE ASSOCIATION

Describe the skillsets/experience and sphere of influence you would bring to NAEF, if elected to serve as Director.

Describe your leadership style.

What do you believe are the biggest challenges for the education foundation industry?



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ACKNOWLEDGEMENT

I acknowledge the commitment required to be a good steward and Director for the NAEF. As such, I will:

1. Maintain an active membership with the payment of required dues in a timely manner.
2. Attendance and on-site assistance at the National Conference.
3. Assist with building a relationship with potential conference and association sponsors.
4. Assist with building a relationship with potential foundation members.
5. Commit the time and energy to properly serve NAEF in a dutiful manner.
6. Faithfully execute my fiduciary responsibility.
7. Among other things:
 - a. Prepare for meetings.
 - b. Attend meetings whether in-person or via electronic means.
 - c. Respect other Directors, NAEF leaders, staff, and members.
 - d. Act in a collegial manner to all I come in contact.
 - e. Provide service to the members.
 - f. Attend a new Director orientation, as required.
8. Make a meaningful personal and professional financial contribution to the organization.

I agree for my name to be considered by the Nominations Committee for the position of Director.

Print Name

You can digitally sign this document. Click on SIGN to enter or create a digital signature. If you are unable to digitally sign this document, then please enter your name in the Print Name field. That will suffice.

Signature

Date

PRINT NAME

DATE