

Below is a list of attributes, skills, experiences and other resources that a board typically requires. While you are not expected to contribute all of these assets, it is important for a board to have a diversity of resources available from its board members.

Part I develops a profile of who you are. Please check off the appropriate boxes.

Part II identifies some of the assets that you would like to contribute or learn. In the first column, check off each asset that you are able and willing to offer the organization. Then, in the second column, check off each area in which you hope to learn or experience while involved in our organization. If you are a veteran board member, look at the items you have checked off and think about whether you are currently contributing or learning in these areas. If not, why not?

Part 1 – Profile your background

Gender:

Female Male

Age:

Under 35 35 to 50 51 to 65 Over 65

Occupation: _____

Racial/Cultural Background:

Aboriginal Asian Black Caucasian Other: _____

Language:

English French Spanish Other: _____

Time Available to Contribute to the Board:

3 hours or less per month

3-5 hours per month

5-10 hours per month

10-15 hours per month

Other: _____

Part II – Please identify what you can contribute and what you hope to learn:

Assets

**Able and
willing to
contribute:** **Hope to
learn or
experience:**

Board and Committee Related Experience:

Prior experience on a board of directors	<input type="checkbox"/>	<input type="checkbox"/>
Prior experience on this organization's board	<input type="checkbox"/>	<input type="checkbox"/>
Executive Committee experience	<input type="checkbox"/>	<input type="checkbox"/>
Nominating/Board Development Committee	<input type="checkbox"/>	<input type="checkbox"/>
Finance Committee	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising/Resource Development Committee	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Skills and Expertise:

Constitution/Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
Policy development	<input type="checkbox"/>	<input type="checkbox"/>
Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
Board recruitment	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
Budgeting/fiscal control	<input type="checkbox"/>	<input type="checkbox"/>
Accounting		
Investments	<input type="checkbox"/>	<input type="checkbox"/>
Law	<input type="checkbox"/>	<input type="checkbox"/>
Contracts/negotiations	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input type="checkbox"/>	<input type="checkbox"/>
Government/regulatory Issues	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|---|--------------------------|--------------------------|
| Advocacy/lobbying | <input type="checkbox"/> | <input type="checkbox"/> |
| Real estate/building/physical plant | <input type="checkbox"/> | <input type="checkbox"/> |
| Information Technology | <input type="checkbox"/> | <input type="checkbox"/> |
| Public Relations | <input type="checkbox"/> | <input type="checkbox"/> |
| Marketing | <input type="checkbox"/> | <input type="checkbox"/> |
| Training/education | <input type="checkbox"/> | <input type="checkbox"/> |
| Human Resources | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational development | <input type="checkbox"/> | <input type="checkbox"/> |
| Management or delivery of not-for-profit programs | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | |

Contacts and Influence:

- | | | |
|------------------------------------|--------------------------|--------------------------|
| Corporate and business | <input type="checkbox"/> | <input type="checkbox"/> |
| Political | <input type="checkbox"/> | <input type="checkbox"/> |
| Media | <input type="checkbox"/> | <input type="checkbox"/> |
| Funders | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Other not-for-profit organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | |

Financial Support:

- | | | |
|---|--------------------------|--------------------------|
| Personal financial contribution to the organization | <input type="checkbox"/> | <input type="checkbox"/> |
| Approach contacts/use influence to obtain financial contributions to the organization | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in the organization's fundraising/resource development activities | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | | |

Past or Current Program Participation:

Consumer/client of the organization's programs

Association with consumer/client of the organization's programs

Volunteer involvement in delivery of the organization's programs

Volunteer involvement in other aspects of the organization

Other: _____

Signature: _____

Date: _____

Please return to the Agency office. Thank you.