

Current Board Members - please provide feedback/
comments on the form to Paul Swindlehurst by February 5.
Thank you! paulswindlehurst99@gmail.com

DRAFT

2018 Board Nominations

Please use this form to submit information about nominees to the AFP - Massachusetts Chapter Board of Directors for appointment on January 1, 2019. Questions about the use of this form should be directed to the chair of the Nominating Committee, Paul Swindlehurst, at paulswindlehurst99@xxxxx.com

* Required

Information about the nominator

Please let us know who you are, and how to contact you.

1. **Your Name.** *

2. **Your email address** *

Information about your nominee

This information will be shared with members of the Nominating Committee and board members and will be essential in considering your nominee's qualification for board appointment.

3. **Last Name, then First Name** *

4. **Current employer** *

5. **Title** *

6. **Email address** *

7. **Nominee's LinkedIn Page (please paste link).**

8. The list below are strengths or experiences that are of particular value to the current board.

Check all that apply:

Check all that apply.



- Experience with marketing and communications
- Experience with social media
- Experience with leadership responsibilities with other professional membership organizations
- Experience in Conference leadership, planning, and/or management
- Experience with managing organizational finances - either employer or membership associations
- Experience in membership development
- Either works now at a "Large Shop" or has had that experience in the past.
- 6 to 10 years of professional experience
- 10+ years of professional experience
- Other: _____

9. In which sector is your nominee currently employed?

Check all that apply.

- Arts and Culture
- Education
- Environment
- Faith-based
- Foundations
- Healthcare and Medicine
- Human services

10. Have they earned a CFRE or ACFRE designation?

Check all that apply.

- Yes
- No
- Unknown or not sure

11. Please list any known current or past volunteer work / professional affiliations

12. How would this person add value to our work?

13. Please share any additional information that would be helpful to consider in reviewing this nomination.

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14. Has this person been contacted to determine their interest in being nominated?

Mark only one oval.

- Yes
- No
- I don't know