



# Board of Director Application Form

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip /County in Wisconsin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

**Please briefly answer the following questions**

Why do you want to serve on the Board of Directors?
What are your qualifications for the position?
How extensive is your knowledge about the brain injury community and the issues that affect them?
What experience have you had in community organizations, program services, board and/or advisory committees?
What experience have you had in community organizations and/or program services that included health care issues for people with brain injury?
What experience have you had in leadership and/or policy development?

**Per Article 3, Directors, Section 4. Duties**

- It shall be the duty of the directors to:
- Perform any and all duties imposed on them collectively or individually by law, by the articles of incorporation, or by these bylaws;
  - Understand the organizations mission and ensure that this non-profit stays on course
  - Review the main programs on an annual basis to ensure that they are accomplishing the mission;
  - Lead and/or assist with fundraising efforts;
  - Make a personal contribution to the organization on a regular basis (complete **Partnership Agreement**)
  - Assist with locating new board members as vacancies arise;
  - Promote the non-profit and its activities to the public;
  - Meet at such times and places as required by these bylaws;
  - Register their addresses with the Chief Executive Officer, and notices of meetings mailed or emailed to them at such addresses shall be valid notices thereof.

Signature: \_\_\_\_\_

I, have read, understand, and agree to the duties listed above. Date: \_\_\_\_\_

Where to submit your original, signed application and completed partnership form

Brain Injury Resource Center of Wisconsin  
Attention: Executive Director  
511 North Grand Ave, Waukesha, WI 53186-4916



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## Partnership Opportunity

First and Last Name \_\_\_\_\_

Company or Organization \_\_\_\_\_

Web Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ WI County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_ ( cell or  Landline)

Email \_\_\_\_\_

**Form of Payment:**

- Via PayPal or Network for Good or other online payment provider
- Direct Payment from Bank
- Personal check payable to Brain Injury Resource Center of Wisconsin
- In lieu of a monetary payment, I agree host a "Raise the Awareness - Fundraising Event" (skip to **In Addition**)

**The support amount:**

- \$1000.00    \$500.00    \$250.00    \$100.00    \$75.00    \$50.00    Other \_\_\_\_\_

**Frequency:**

- One Time    Monthly    Quarterly    Annually

**Please make my gift:**

- In Memory Of \_\_\_\_\_    In Honor Of \_\_\_\_\_

**In addition:**

- I am a Caregiver, Survivor, or Family Member and want to share my story with BI-INSIDE Magazine
- I am available to work at the Waukesha Office to assist the volunteer staff with projects and assignment:
  - Tuesday 1:00 pm – 4:00 pm    Wednesday 1:00 pm – 4:00 pm    Thursday 1:00 pm – 4:00 pm

I am interested in the following:

- BI-INSIDE Magazine Writer
- BI-INSIDE Magazine Advertising Coordinator
- BI-INSIDE Magazine Editor
- Education and Awareness Event Coordinator
- Fundraising Events Coordinator
- Brain Injury Conference Coordinator
- Craft/Vendor Fair Coordinator
- Walk-Roll-and Run Coordinator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_