

Down Syndrome Achievement Centers educate. inspire. believe.

APPLICATION FOR THE BOARD OF MANAGERS – GIGI'S PLAYHOUSE

Thank you for your interest in being a member of the Board of Managers of GiGi's Playhouse!

Name:			
Business Affiliation/Title:			
Mailing address:			
City, State, ZIP:			
Email address:			
Preferred phone:	home / work / cell (please ci	ircle one)	
Please check the education or skills that you could contBusiness managementMarketing communicationsLegalEducatorMedicalEvent Management	ribute to the board: Public relations Fundraising Community Relations / Outr Therapist Finance/Accounting Community Leader	each	
Have you ever served as a board member for any other your experience: What type of life experience(s) have you had that would Playhouse? Please also attach a resume or bio.			
Why are you interested in a role on this board?			
What area(s) would you be interested in being involved	?		
How many hours per month do you have available to de	edicate to GiGi's Playhouse (min 6-8 h	ours)?	
Are you willing to complete your 2 ½ hours of board training by your 2 nd board meeting? *required to be a voting member		YES	NO
Do you understand that attendance at monthly board meetings is required? Will you commit to an annual fundraising requirement (Give/Get) of \$2,000?		YES YES	NO NO
Please return completed application to: GiGi's Playhouse – Annapolis 129 Lubrano Drive, Ste L104 Annapolis MD 21401			

Pmarkward@gigisplayhouse.org