



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 circle one)

Please check the education or skills that you could contribute to the board:

- |   |   |
|---|---|
| <input type="checkbox"/> Business management      | <input type="checkbox"/> Public relations               |
| <input type="checkbox"/> Marketing communications | <input type="checkbox"/> Fundraising                    |
| <input type="checkbox"/> Legal                    | <input type="checkbox"/> Community Relations / Outreach |
| <input type="checkbox"/> Educator                 | <input type="checkbox"/> Therapist                      |
| <input type="checkbox"/> Medical                  | <input type="checkbox"/> Finance/Accounting             |
| <input type="checkbox"/> Event Management         | <input type="checkbox"/> Community Leader               |

Have you ever served as a board member for any other organization (for profit or non-profit)? If so, please describe your experience:

What type of life experience(s) have you had that would add to your being a member of the board at GiGi’s 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 working on?

How many hours per month do you have available to dedicate to GiGi’s Playhouse (min 10 hours)? \_\_\_\_\_

Do you understand that attendance at monthly board meetings is required?	YES	NO
Will you commit to an annual fundraising requirement of \$2,000?	YES	NO

Please return completed application to:  
GiGi's Playhouse Fox Valley  
4024 Fox Valley Center Dr.  
Aurora, IL 60504  
630-778-7529  
Foxvalley@gigisplayhouse.org