



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 – [Location]

Address

City, State Zip

Phone

Email