

WISCONSIN WOMEN'S FUND

Board Member Nominations

Thank you for your interest in the Wisconsin Women's Fund Board of Directors. Please complete this nomination form for our files and return it by sending to

Info@WI-Women.org

or

Cindy Petted

Wisconsin Women's Fund, Inc.

PO Box 694 | Cedarburg, WI 53012-0694

656 Hillside Lane | Cedarburg, WI 53012

The purpose of this form is to gather information for review, assist in our publicity and community relations' efforts, and to support us in matching our Board of Directors needs with our Board of Directors applicants.

Major responsibilities may include:

- Organizational leadership and advisement
- Legal guidance and responsibility
- Financial management, including creation, adoption, and oversight of the annual budget
- Oversight of program planning and evaluation
- Formulation and oversight of policies and procedures
- Fundraising and outreach
- Promotion of the organization
- Evaluation of the Executive Director (when applicable)
- Staff recruitment and retention (when applicable)

Qualifications required include:

- Passion for the Wisconsin Women's Fund mission, vision and core values
- Connections to the local community
- Ability to contribute time including in-person meetings, web-based communications, and volunteer hours in support of our events
- Experience in at least one of the following areas:
 - Financial management / budgeting
 - Strategic planning
 - Fundraising
 - Marketing
 - Previous board leadership
- A Board member is not required to be a resident of Wisconsin

One can nominate another person or themselves. Board terms are 1-3 years length with the opportunity for renewal. Board members are required to regularly attend quarterly meetings, to attend events, to serve on a committee and to contribute time, talent, and treasure to the organization. Request our Bylaws for more details by contacting Cindy Petted at 920-901-1233 or Info@WI-Women.org

WISCONSIN WOMEN'S FUND

2016 Board Member Nomination

Nominee

PLEASE PRINT CLEARLY

Name _____

Company _____

Address _____

City, State, Zip _____

Birthday _____

Email _____

Phone	Number	Best time to call	Preferred
Work	_____	_____	<input type="checkbox"/>
Home	_____	_____	<input type="checkbox"/>
Mobile	_____	_____	<input type="checkbox"/>

What Experience does this candidate have? *Select all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Budgeting / Financial Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Membership/Chapter Development |
| <input type="checkbox"/> Cycling Director | <input type="checkbox"/> Previous Board Leadership |
| <input type="checkbox"/> Event Management | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Funds Development / Fundraising | |
| <input type="checkbox"/> Other: _____ | |

Comment on why you feel we should consider this nominee. *Continue on back or another sheet if necessary.*

Sponsor, if different from Nominee

Name _____

Company _____

Address _____ CSZ _____

Email _____

Phone	Number	Best time to call	Preferred
Work	_____	_____	<input type="checkbox"/>
Home	_____	_____	<input type="checkbox"/>
Mobile	_____	_____	<input type="checkbox"/>