



APPLICATION FOR WELLNESS IN ACTION BOARD

Thank you for your interest in being a board member of Wellness In Action. Please complete the following questionnaire so that we can make the best use of your talents and expertise and offer you the most rewarding experience as a member of the group.

Name: _____

Business Affiliation/Title: _____

Mailing Address: _____

Business phone: _____ Home phone: _____

Fax: _____ Email: _____

Please check the education or skills you will contribute to the board:

- | | | |
|--|--|--|
| <input type="checkbox"/> management | <input type="checkbox"/> public relations | <input type="checkbox"/> accounting |
| <input type="checkbox"/> marketing | <input type="checkbox"/> fundraising | <input type="checkbox"/> grant writing |
| <input type="checkbox"/> special events | <input type="checkbox"/> community relations | |
| <input type="checkbox"/> education | <input type="checkbox"/> training | |
| <input type="checkbox"/> public speaking | <input type="checkbox"/> lobbying | |

What is your experience as a member of other community groups and for what organizations do you currently serve?

What type of life experience(s) have you had which would add to your being a member?

Why do you want to serve on the Wellness In Action Board?

What special interest (or what areas) would you be interested in working on?

Will you attend regular meetings and special meetings? yes no

Will you commit to an annual financial commitment? yes no

Please return completed application to:

Michelle Kendziorski, President
Wellness In Action
P.O. Box 161143
Big Sky, MT 59716

OR

info@wiabigsky.org