



## Board of Directors for the Center for LGBTQ+ UM Heritage Application Form

Thank you for your interest in joining the Center for LGBTQ+ UM Heritage board! Use this form to provide useful information about yourself. The following information will be used to balance board composition.

Your name: _____
Home Phone Number: _____ Cell number: _____
Address: _____ _____
Email address _____

**Are you:**

- Clergy                       Laity

**Age:**

- Under 18  
 19 - 24 years old  
 25 - 40 years old

- 41 - 55 years old
- 55+
- I prefer not to answer

**Ethnicity**

- Asian/Eastern
- Asian/Indian
- Hispanic
- African American
- Native American
- White/Caucasian
- Multiracial
- Other \_\_\_\_\_
- I prefer not to answer

**Sexual Orientation (optional; choose all that apply):**

- asexual
- bisexual
- gay
- straight (heterosexual)
- lesbian  pansexual
- queer
- questioning or unsure
- same-gender loving
- an identity not listed: please specify \_\_\_\_\_
- prefer not to disclose

**Gender identity (optional; choose all that apply):**

- agender
- androgyne
- demigender
- genderqueer or gender fluid

- man
- questioning or unsure
- trans man
- trans woman
- woman
- additional gender category/identity: please specify \_\_\_\_\_
- prefer not to disclose

Briefly describe why you would like to join our Board of Directors:

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Your current organizational affiliations (names of the organization and your role(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board development   | <input type="checkbox"/> Strategic planning   | <input type="checkbox"/> Staffing / HR       |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Fundraising         |
| <input type="checkbox"/> Evaluation          | <input type="checkbox"/> Community networking | <input type="checkbox"/> Grant writing       |
| <input type="checkbox"/> Marketing           | <input type="checkbox"/> Volunteer management | <input type="checkbox"/> Archival management |

Other skill(s) of yours that you would like to utilize?

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What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

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If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes       No       Perhaps

**Board terms and compensation:**

1. Except for the initial establishment or filling unexpired terms, trustees may serve for two [2] consecutive terms [four years each] after which they shall not succeed themselves for at least one [1] year.
2. Members of the board shall not receive compensation for their services.

**Board meetings and attendance:**

1. The board shall meet on a regularly scheduled basis twice a year. More meetings may be set as needed.
2. Attendance is expected. Missing two regularly scheduled board meetings in a year will result in being removed from the board.

***Please return this form via email to [gcah@gcah.org](mailto:gcah@gcah.org) by August 31, 2024. Forms also may be mailed to the attention of Dr. Ashley Boggan, GCAH, 36 Madison Ave., P.O. Box 127, Madison, N.J. 07940. In order to meet the deadline, applications must be postmarked by August 20, 2024.***