

CVMFB BOARD MEMBER FORM

1204 East Half Moon Drive
www.cvmuseum.com

PO Box 1204 Eau Claire, WI 54702

(715)834-7871



Name: _____ Date: _____

Home Phone _____ Cell Phone _____

Email _____ Birthday: _____

Residence Address _____

City _____ State _____ Zip _____

Business Address _____

Business Position/Title _____

Email: _____ Work Phone _____

City _____ State _____ Zip _____

Preferred mailing address for board materials: business home

Contact info that can be shared with other board members business home

Preferred email: business home Preferred phone: business home cell

Expertise/Professional Skills (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Past Board Experience |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal Expertise |
| <input type="checkbox"/> PR/Marketing | <input type="checkbox"/> Business Management |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Financial Management/Banking |
| <input type="checkbox"/> Historic Preservation/History Training | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Educator. Level _____ | |

Other skills or background not listed above:

Employment Status: Full-time (30+ hrs/wk) Part-time Retired Student

Demographic data for board development purposes:

Years lived in the Chippewa Valley _____ Race/Ethnicity: _____

If children at home, ages: _____