

Referrals for GSHPA Board and Committee Members



The GSHPA Board Development Committee invites your assistance in identifying individuals you believe would bring the skills, interest and expertise needed to effectively govern the Council. Please submit contact information for individuals you believe meet the following criteria:

- ✓ Belief in Girl Scout Mission and the ability to promote GSHPA
 - ✓ Strategic thinking
 - ✓ Financial literacy
 - ✓ Ability to work effectively with others to achieve goals
 - ✓ A willingness to make a personal financial commitment and support fundraising efforts
 - ✓ Nonprofit board and/or corporate governance experience
 - ✓ Availability for meetings and attendance at events throughout the 30-county GSHPA region
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REFERRAL FOR WHICH POSITION *(check all that apply)*

- Board of Directors
 - Board Development Committee
 - Finance & Audit Committee
 - Fund Development Committee
 - Property Committee
 - Strategic Planning Committee
 - Volunteer Recognition and Appreciation Committee
-

CANDIDATE CONTACT INFORMATION

Ms.	Mrs.	Mr.	Other
Name:		Title:	
Employer:			
Employer Address:			
City:	State:	Zip:	
Home Address:			
City:	State:	Zip:	
PHONE:			

Please Complete Second Page

Referrals for GSHPA Board & Committee Members

Please check all applicable attributes of this candidate.

Name of Candidate:

Does this individual currently volunteer? If yes, in what position?

AGE:	<input type="checkbox"/> 16-18	<input type="checkbox"/> 19 - 34	<input type="checkbox"/> 35 - 50	<input type="checkbox"/> 51 - 65	<input type="checkbox"/> Over 65
GENDER:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary		

RACE, ETHNICITY	<input type="checkbox"/> African American / Black	<input type="checkbox"/> American Indian/ Native Indian/ Alaska Native	<input type="checkbox"/> Asian/ Asian Indian	<input type="checkbox"/> Caucasian/ White	<input type="checkbox"/> Hispanic/ Latino/ LatinX	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Two Or More Races
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AREAS OF EXPERTISE	<input type="checkbox"/> Asset Management/ Financial Oversight	<input type="checkbox"/> Asset & Fund Development	<input type="checkbox"/> Governance Management	<input type="checkbox"/> Human Resources
	<input type="checkbox"/> Law	<input type="checkbox"/> Property	<input type="checkbox"/> Brand Identity	<input type="checkbox"/> Girl Scout Experience
	<input type="checkbox"/> Outdoor Experience	<input type="checkbox"/> Stem/ Steam	<input type="checkbox"/> Other _____	<input type="checkbox"/> Entrepreneurship

Optional: Attach biographical sketch or résumé.

WHY DO YOU THINK THIS PERSON WOULD BE A GOOD CANDIDATE?

SUBMITTED BY:

YOUR NAME:

PHONE:

EMAIL:

WHY DO YOU THINK THIS PERSON WOULD BE A GOOD CANDIDATE?
Additional Space if needed

A large, empty rectangular box with a thin black border, intended for providing additional space to answer the question above.