Volcano Art Center
Board of Director's Application Form

Name, phone, email address of organizational representative:

Please return this application to:
PO Box 129, Volcano, HI 96785 or in person to Volcano Art Center's Niaulani Campus

Date ______________________

Name
First        MI        Last

Address

Phone                         Mobile

Email

Employer
Company or Organization

Your title

Address

Phone                         E-mail

Type of business or organization

Primary service(s) and area/population served

Preferred method of contact ( ) Work  ( ) Residence  ( ) Mobile/Cell

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

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<th>Organization</th>
<th>Role/Title</th>
<th>Dates of Service</th>
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Education/Training/Certificates

Volcano Art Center is a 501(c)(3) organization that develops, promotes, and perpetuates Hawaii's artistic, cultural and environmental heritage through the arts and education.

Office (808) 967-8222 • www.volcanoartcenter.org • info@volcanoartcenter.org
Awards or honors that you’d like to mention


How do you feel Volcano Art Center would benefit from your involvement on the Board?


Skills, experience and interests (Please check all that apply)
- Finance, accounting
- Administration, management
- Community service
- Program evaluation
- Education, instruction
- Grant writing
- Outreach
- Other ______________________
- Other ______________________
- Personnel, human resources
- Non-profit experience
- Policy development
- Public relations, communications
- Special events
- Fundraising
- Advocacy for the Arts
- Other ______________________
- Other ______________________

Please include a brief bio (or attach one to this application)


References:
Name______________________ Phone__________ Email____________________

Name______________________ Phone__________ Email____________________

Thank you very much for your interest in Volcano Art Center

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