

BOARD OF DIRECTORS Application



SPOKANE REGION
LTRG
LONG TERM RECOVERY GROUP

Application Date ____/____/____

Please complete all sections

Areas of Interest - please check all that apply

- | | | | |
|---|--|---|--|
| ☐ Board Development | ☐ Volunteer Management | ☐ Program Management | ☐ Case Management - cultural, marginalized, trauma impacted populations |
| ☐ Financial Management | ☐ Construction Management | ☐ Marketing | ☐ Staffing/HR |
| ☐ Community Engagement | ☐ Fundraising | ☐ Communications | ☐ Strategy/Mission |

Personal Information

Full Name

Cell Phone

Address - Street

Email Address

City, Zip Code

Preferred Method of Contact

- ☐ Text ☐ Phone Call ☐ Email

Organizational Information

Current Employer / Organization

Business Type / Industry

Permission to Contact

- ☐ Yes ☐ No

Business Address

How Long With Org

- ☐ <5 Yrs ☐ >5 Yrs

HR/Contact Name

HR/Contact Phone

HR/Contact Email

Statement of Intent

*In the space below please provide a brief statement describing your qualifications and why you wish to serve as a board director for the SRL TRG. (Directors serve two year terms). *Send digital direct by using the SUBMIT button or print and email to admin@SRLTRG.org*

SUBMIT

Craig Sanders, Executive Director



Phone Number
509-998-4892



Website
<https://SRLTRG.org>



Email
admin@SRLTRG.org

