



KBTC ASSOCIATION BOARD OF DIRECTORS APPLICATION - CANDIDATE INFORMATION

Full Name: _____

Position/Title: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

How long has you lived in western Washington? _____

Professional/Business/Volunteer affiliations/Board service:

Please outline what skills you would bring to the Association Board:

As a member of the KBTC Association Board:

1. Are you willing to give time, energy and resources to support the mission of KBTC Public Television?

Yes No

2. Will you have time to participate in monthly board meetings, station events and activities and serve as an Ambassador? Yes No

3. Are you comfortable soliciting others for membership and funding? Yes No

If yes, describe any experience(s) doing so:

4. What interests you in serving on the KBTC Association Board?

5. Are you a member of KBTC Public Television or are you willing to join? Yes No

6. What can we do to ensure that your participation on the KBTC Association Board is meaningful/fulfilling?