



BOARD OF DIRECTORS APPLICATION

Date _____

Full Name _____

Pronouns _____

Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

About You

Please use the back of this form if you need additional space

1. Tell us more about you (brief biography)!
2. State your reasons for wanting to serve on the Identity Board.
3. What would you like to accomplish during your term on the board?
4. Please describe any current and previous volunteer service and experience.

5. What skills and expertise do you bring to the Board?

Addition space for previous questions, if needed:

Please return this form to info@identityinc.org, or mail to: Identity, Inc., 801 W Fireweed #103
Anchorage, AK 99503.