

Board of Directors Application



Name: _____ Preferred Phone: _____

Address: _____

Preferred Email: _____

Employer, if any: _____

What about becoming an IARP Board Member interests you?

Please circle all of the skills, connections, or expertise you would bring to IARP:

- * Finance/Audit
- * Special Events Planning
- * Non-profit Governance
- * Fundraising
- * Public Policy/Advocacy
- * Grant Writing
- * Other _____
- * Program Development
- * Connectedness or Familiarity with Iraqi Community
- * Strategic Planning
- * Knowledge of or Connection to Donors
- * Marketing
- * Fluency in Arabic

What in your experience, interests and/or employment would be relevant to your work as a potential board member of IARP?

Are you able to commit the necessary time and resources to be an active, contributing member of the Board?

Please describe your history of involvement with IARP or other similar organizations, if any.

What else would you like the Board to know as it considers your potential board membership?

Please send your completed application and a resume to 2021 E Hennepin Ave Suite 200 Minneapolis, MN 55413 or info@reconciliationproject.org. Please call 612-547-9971 if you have any questions.

T: 612.547.9971
E: info@reconciliationproject.org

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@IARProject    