

Advisory Board Expression of Interest

Community Development Program of Beaver County: CSBG Advisory Board

Part 1: Contact & Connection

Name: _____ Current Occupation/Affiliation: _____
Address: _____
Phone: _____ Email: _____

Part 2: Mission Alignment & Experience

***In Human Services/Community Development, "lived experience" (having personally navigated the systems or challenges our organization addresses) is a vital asset.*

- What draws you to our specific mission (e.g., housing, mental health, youth services)?

- How has your professional or personal life prepared you to advocate for the individuals we serve?

Part 3: Skills & Capacity

Which "Capacity Building" areas can you support? (Select your top 3)

- **Community Outreach:** Connecting us to local leaders and families.
- **Advocacy/Policy:** Helping us navigate local or state legislation.
- **Fundraising:** Identifying grants or organizing donor events.
- **Clinical/Programmatic:** Experience in social work or service delivery.
- **Legal/HR:** Ensuring ethical operations and staff support.
- **Lived Experience:** Bringing the perspective of a service recipient.

Do you have previous experience volunteering with or serving on the board of a non-profit?

- Yes (Please specify: _____)
- No

Part 4: Diversity & Representation

To ensure our board reflects the community we serve, we invite you to share any aspects of your identity you feel comfortable disclosing (e.g., race, ethnicity, disability status, veteran status):

Part 5: Commitment Agreement

Human Services boards often require "heart and hands." Please confirm the following:

- *I can attend 4 meetings per year.*
- *I am willing to act as an ambassador for the organization in the community.*
- *I understand this is a volunteer (unpaid) advisory role.*

Printed Name:

Signature:

Date:

******Please attach current resume/most recent resume******

