



## Board of Control Questionnaire

**Please email  
completed form**

Date: \_\_\_\_\_

To: bvacarelo@artstudentsleague.org

Full Name:

\_\_\_\_\_

Primary Address:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Cell Phone:

\_\_\_\_\_

Other Phone:

\_\_\_\_\_

Other Contact Info:

Summer/Country Address, etc

\_\_\_\_\_

*Please check all that apply*

Current Student?

☐

Full or Part Time?

\_\_\_\_\_

Since:

\_\_\_\_\_

Current Member?

☐

**Note: You must be a member in good standing to be  
considered for nomination to the Board of Control**

Since:

\_\_\_\_\_

Current  
Employment:

\_\_\_\_\_

How did you  
become interested  
in serving on the  
BoC?

**Date:**

**BoC Questionnaire – page 2**  
**Name:**

**Board Activities in which you are interested:**

*Please check all that apply*

**My Experience is as follows:**

Finance/Investment	<input type="checkbox"/>	
Law	<input type="checkbox"/>	
Human Resources	<input type="checkbox"/>	
Computer Systems	<input type="checkbox"/>	
Building Projects	<input type="checkbox"/>	
Fundraising	<input type="checkbox"/>	
Events	<input type="checkbox"/>	
Public Relations	<input type="checkbox"/>	
Advertising	<input type="checkbox"/>	
Writing/Editing	<input type="checkbox"/>	
Non-Profit Management	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

**Do you have  
previous board  
experience?  
Where?**

**PLEASE ALSO EMAIL A COPY OF YOUR RESUME WITH THIS QUESTIONNAIRE — THANK YOU!**