

**Animal Alliance of Greater Syracuse**  
**Application for Board of Directors**



Animal Alliance of Greater Syracuse (AAGS) is a non-profit animal welfare advocacy organization whose mission is to make Central New York a safer a more humane home for animals and the people who care for them. If this is your mission too, and you are interested in being considered for the AAGS Board of Directors, please complete the following application. Please note that completion of this application does not ensure an offer to a position of the board.

**Applicant Profile (Please print)**

Name: \_\_\_\_\_ Are you 21 or older? Yes\_\_\_ No\_\_\_  
Street Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Home telephone: (\_\_\_\_) \_\_\_\_\_  
Daytime telephone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

How did you learn of the AAGS? \_\_\_\_\_

Why do you want to be considered for the AAGS Board of Directors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever done any volunteer work for AAGS or other non-profit organizations? Yes\_\_\_ No\_\_\_  
Where? \_\_\_\_\_ When? \_\_\_\_\_  
Type of work: \_\_\_\_\_

Do you have a valid Driver's License? Yes\_\_\_ No\_\_\_

Have you ever been convicted of a crime? Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Home telephone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell phone number: (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Home telephone: (\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell phone number: (\_\_\_\_) \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

## Application for Board of Directors (cont'd)

Please tell us about any additional special skills and/or qualifications you may have. These may be from your jobs, volunteer work, hobbies, sports, etc.

---



---



---

### Experiences/Skills

What skills and knowledge can you bring to our board? Please indicate your experience in the following areas:			
Skill	Very Experienced	Some Experience	No
Board Development			
Recruiting, Evaluating & Hiring			
Strategic Planning			
New Business Development			
Local Govt/Law Enforcement			
Legal Experience			
Communication & Public Speaking			
Marketing/Social Media			
Writing, Journalism			
Grant Writing			
Capital Campaign Dev/Mgmt.			
Fundraising			
Special Events			
Information Tech/Web Dev			
Financial - Accounting/Bookkeeping			
Community Outreach/Engagement			

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

By submitting this application:

\* I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member of the Board of Directors, any false statements, omissions, or other representations made by me on this application may result in my immediate dismissal.

\* I understand that the completion of this application does not guarantee an offer to join the Board.

Name (Please print): \_\_\_\_\_

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

### To return this completed application you may:

Mail it to us at AAGS, PO Box 94, Liverpool, NY, 13088 – or - Scan and email it to [info@aagscny.org](mailto:info@aagscny.org).

For more information, please email: [info@aagscny.org](mailto:info@aagscny.org) or visit [www.animalallinaceofgreatersyracuse.org](http://www.animalallinaceofgreatersyracuse.org).