

Sons of Norway Foundation **Board of Governors Application**

foundation@sofn.com, (612) 821-4632

	Date:		
e Address:			
ne Phone:	Cell Phone:	Cell Phone:	
onal E-mail:			
k Phone:	Daytime E-mail:	Daytime E-mail:	
ease summarize your experience with	the Sons of Norway Foundation and your in	terest in our organization.	
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ease outline your experience as a board			
Organization:	Committee Work:	Dates Served	

4. What skills and knowledge will you bring to o	ur board? Please indi	cate your experience in	the following areas.
	Very Experienced:	Some Experience:	Little or no Experience:
Strategic Planning?			
Fundraising?			
Board/Organizational Development?			
Program Planning & Development?			
Communication, Public and Media Relations			
Public Speaking?			
Video/Power Point/Webinar Experience?			
Information Technology?			
Writing Skills, Journalism?			
Special Events?			
Connections to other Nordic Associations?			
Financial Skills?			
Leadership Abilities?			
6. What is the single most compelling reason you	want to join the Son	s of Norway Foundatic	on board?
7. Please provide us (by email attachment) with a	complete resume.		
Once you have saved this document to your document and your resume as attachments to j in the email subject line. Due	foundation@sofn.com. I	Please include board app	plication and your last name
Thank you for your interest We appreciate yo	in the Sons of Norway our time, talents and con		vernors.