



Renton Downtown Partnership Board of Directors Application

Thank you for your interest in joining the Renton Downtown Partnership Board! The mission of the Renton Downtown Partnership is:

To cultivate a vibrant social, cultural, and economic center by bringing together the community, non-profits and city center stakeholders while celebrating the unique historic character of downtown Renton.

The information shared within this application will be kept confidential and will only be shared with board members and organization staff.

Your name: _____

Your Home Phone Number: _____ Cell number: _____

Your address: _____

Your email address (please write it carefully): _____

Which of these best describes your connection to downtown Renton (Please mark all that apply):

- | | | | |
|-----------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Business Owner/Staff | <input type="checkbox"/> Land Owner | <input type="checkbox"/> Chamber of |
| <input type="checkbox"/> Booster | <input type="checkbox"/> Renton HS Student | <input type="checkbox"/> City of Renton Staff | Commerce |

Briefly describe why you would like to join our Board of Directors:

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- Yes No Perhaps

Your current organizational affiliations (names of the organization and your role(s):

1. _____
2. _____
3. _____
4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

If you join the Board, you agree to a 3 year term of service during which time you will provide at least 2-5 hours a month in attendance at Board meetings and assistance with special events and projects. You also affirm to the best of your knowledge that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____