



**APPLICATION FOR COMMUNITY ADVISORY BOARD (CAB) MEMBERSHIP**

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

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Please list participation in other nonprofit organizations and/or other relevant professional or volunteer experience including Boise State radio and others:**

<b>From</b>	<b>To</b>	<b>Organization</b>	<b>Position</b>

**Areas of competency—please check 3 areas of greatest strengths and interests:**

**Skill Area**

<input type="checkbox"/>	Connection to Boise State University
<input type="checkbox"/>	Connections to regional and/or state leaders
<input type="checkbox"/>	Connections to philanthropists
<input type="checkbox"/>	Financial, investment management
<input type="checkbox"/>	Organizational management and development
<input type="checkbox"/>	Public relations, marketing and media relations
<input type="checkbox"/>	Human resource management
<input type="checkbox"/>	Fund development expertise
<input type="checkbox"/>	Legal expertise

<input type="checkbox"/>	Broadcast or other media experience
<input type="checkbox"/>	Strategic or business planning
<input type="checkbox"/>	Other:

**Please elaborate on these competencies and interests:**

**Why do you want to be a member of the Community Advisory Board?**

<b><u>Office Use Only</u></b>	
Name of CAB Member:	_____
How and to what extent to you know this candidate?	_____
Demographic Representation?	_____
Geographic Representation?	_____
Cultural Diversity?	_____
Broadcast Society Member?	_____
Advocate for the station?	_____