



20 Liters Board of Directors Member Application

Thank you for your interest in volunteering your time as a member of the 20 Liters Board of Directors. Please make sure you have read the [20 Liters Board Manual](#) to familiarize yourself with responsibilities and expectations of serving as a member of the 20 Liters Board of Directors. If you have any questions, please reach out to Amanda at amanda@20liters.org.

Personal Contact Information		
Name:		Date:
Email:		
Mailing Address:		
City:	State:	Zip:
Primary Phone:	Alternate Phone:	
Preferred Contact Method:	<input type="checkbox"/> Call	<input type="checkbox"/> Text <input type="checkbox"/> Email

Tell Us Your Why...
Why would you like to serve as a member of 20 Liters Board of Directors. What would you like to be able to contribute? What would you hope to gain personally or professionally from the experience?

Professional Experience
Current Employer:
Current Title:
If Relevant, Please Provide a Link to Your Current Resume or LinkedIn Profile

Please List Current & Past Board, Committee, or Volunteer Experience:		
Organization	Title/Role	Dates of Service



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Please List Professional/Networking/Religious Group Affiliations:	
Organization	Title/Role

Please Indicate Knowledge Areas In Which You Hold Experience or Expertise			
<input type="checkbox"/>	Financial Management	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	Media/Public Relations
<input type="checkbox"/>	Human Resources/Personnel Management	<input type="checkbox"/>	Graphic Design [Print and/or Digital]
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Legal Affairs
<input type="checkbox"/>	Non-Profit/Business Administration	<input type="checkbox"/>	Event Planning
<input type="checkbox"/>	Computers/IT	<input type="checkbox"/>	Volunteer Administration
<input type="checkbox"/>	Engineering/Design/R&D	<input type="checkbox"/>	Education
<input type="checkbox"/>	Program Development	<input type="checkbox"/>	Health Care, including Public Health
<input type="checkbox"/>	Social Services	<input type="checkbox"/>	International Development
<input type="checkbox"/>	East Africa [Rwanda Specifically]	<input type="checkbox"/>	Cultural Competency
<input type="checkbox"/>	Religion	<input type="checkbox"/>	DEI Practices
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

We strive for our leadership to reflect our community, if you are willing, please share:	
Your Race/Ethnicity/Countries of Origin:	
Languages You Speak:	
Date of Birth or Current Age:	
Gender Identity:	Preferred Pronouns:

Please return your completed application to Amanda at amanda@20liters.org. Thank you!