

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

foundation@sofn.com, (612) 821-4655

Name:	Date:				
Home Address:					
Home Phone:	Cell Phone:				
Personal Email:					
	rk Phone: Daytime Email:				
Please summarize your experienc	e with the Sons of Norway Foundation ar	nd your interest in our organization.			
	Committee Work:				
5. Flease list all current volunteer co	ommunents.				

4. What skills & knowledge will you bring to our board? Please indicate 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 Relation	ons 🗌				
Public Speaking					
Video/Power Point/Webinar Experience					
Information Technology					
Writing Skills, Journalism					
Special Events					
Connections to other Nordic Association	s 🗌				
Financial Skills					
Leadership Abilities					
Non-profit law					
5. For the items you checked "very experier	iced or some exp	enerice please provid	e delails.		
6. What is the single most compelling reason you want to join the Sons of Norway Foundation board?					

7. Please provide us (by email attachment) with a complete resume.

Once you have saved this document to your computer, you may complete the application process by sending this document and your resume as attachments (two attachments total) to foundation@sofn. com. Please include "board application" and your last name in the email subject line.

Due date for application and resume is September 6, 2024.

Thank you for your interest in the Sons of Norway Foundation Board of Governors.

We appreciate your time, talents and commitment to our work.

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