



Chicago Black Gay Men's Caucus

BOARD OF DIRECTORS APPLICATION

Please complete both sections of this application form. **Section I** asks for contact information. **Section II** asks for demographic information. **Section III** asks for information regarding your experience and interest.

SECTION I: CONTACT INFORMATION

Full Name

Personal Address

City

State

ZIP

Personal Phone

E-mail

Current Employer (if applicable)

Position

Professional Address

City

State

ZIP

Professional Phone

E-mail

Preferred method of contact?

Personal

Professional

SECTION II: DEMOGRAPHIC INFORMATION (optional)

Gender Identity

Sexual Orientation

HIV Status

Race

Ethnicity

Age

SECTION III: EXPERIENCE AND INTEREST

Please use no more than three pages double spaced to answer the following:

1. How do you feel the Caucus would benefit from your involvement on the Board?
2. Please describe boards and committees that you have served on, including your role and dates of service.
3. Please describe your experience with the Black gay, bisexual, and same gender loving male communities.
4. What skills around public health, finance, and policy would you bring to our board?
5. How would you describe your experience in marketing, fundraising, event planning, and strategic planning?

Please attach resume and return full application to:

Chicago Black Gay Men's Caucus *c/o Public Health Institute of Metropolitan Chicago*

Erik Glenn, Executive Director

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