

# NPAC Board Member Application Form



5950 Sam Shapos Way  
North Port, FL 34286  
941-423-6460 (Office)

www.northportartcenter.org

Staff Use: Interviewer

Date :

## Personal Data Information

Full Name :

Seasonal? :  Yes  No

Gender :  Male  Female

Address Street :

City :  State :

Phone Number :  Zip :

Email :  Occupation:

Employment Status :  Position :

Years with present/former employer :  Education :

What other volunteer positions have you held?

## Terms of service

Members of the Board of Directors shall be elected for a term of two (2) years which may be renewed at discretion of the Board for two (2) additional years, if asked, but must step down for one (1) year before being re-nominated back on the Board.

- Please circle the area(s) of expertise/contribution you feel you can make to further the mission of the NPAC:
- |                                    |                                       |                                      |
|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> GALLERY   | <input type="checkbox"/> SOCIAL MEDIA | <input type="checkbox"/> FINANCE     |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> GOVERNANCE   | <input type="checkbox"/> FUNDRAISING |

Briefly describe why the mission of the NPAC is important to you?

How do you feel that the NPAC would benefit from your involvement on the Board?

Share any information for consideration of your application to serve?

### Our Mission:

"Igniting inner emotion and outward excitement for the arts. Promoting cultural development and sharing the healing power of self-expression through art exhibitions and education."

### Our Vision:

"A destination point that offers a culture filled with vibrant creativity, connection and camaraderie. Elevating our community and leaving a lasting legacy of art appreciation."

Membership is required.

Signature