



# COLORAMA

Colorado Āyurvedic Medical Association

## **Application for the Board of Directors**

Thank you for your interest in joining the COLORAMA Board.

Use this form to provide the current board and voting members with useful information about yourself in order to ensure the best match between you and the organization.

Name:

Phone:

Address:

Email:

**What inspires you to apply for a position on the Board at this time:**

With what other organizations are you currently associated?

Organization	Your Role

**Which of your skills would you like to utilize on the Board?**

Please mark all those that apply with an (X):

Skill	(X)	Comments:
Board Development		
Strategic Planning		
Credentialing / Licensure		
Program Development		
Financial Management		
Fundraising		
Events / Workshops		
Community Building		
Marketing / Social Media		
Volunteer / Management		
Tech / Webmaster		
Other		

**What is your understanding of the COLORAMA mission?**  
What makes this mission meaningful to you?

**Have you served on a Board before?**  
What is your experience working with non-profits?

**What would you like to receive from participation on the Board?**  
What types of experience are you seeking? What skills do you want to develop?  
What interests would you like to cultivate?

**What connections, resources and expertise are you able to offer in service of the COLORAMA mission? Are you willing to make financial contributions?**

**Do you have any concerns or trepidation about joining the Board?**

**How much time per month can you realistically commit to serving the COLORAMA mission?**

**What motivates you? Personally? Professionally?**

**Do you have any questions for the Board?**

If elected, I certify that I am able to devote no less than 5 hours per month to Board and Committee meetings. There is no personal or professional conflict of interest that would complicate my ability to serve the COLORAMA mission.

**Your signature:** \_\_\_\_\_

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

**If I am not selected as a member of the Board, or if I decide not to join, I would like to be a volunteer to assist our organization in various ways that match my skills and interests:**

<b>Response</b>	<b>(X)</b>	<b>Comments:</b>
Yes		
No		
Maybe		

Thank you for your time and attention! We appreciate your desire to participate in the ongoing effort to protect and promote Ayurveda in the state of Colorado and beyond.

Elections are held at our Annual Member's meeting, usually held in November of each year. You will be notified at least 30 days in advance if you are an eligible candidate.

Please submit this application to: [secretary@coloradoayurveda.org](mailto:secretary@coloradoayurveda.org)