



# Trustee Application

Name: \_\_\_\_\_

Are you currently a Great Lakes Children's Museum member?  Yes  No

### Family Information (Optional)

Spouse or Partner Name: \_\_\_\_\_

Child Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Child Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Child Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Child Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Child Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

Child Name \_\_\_\_\_ Birthday (mm/dd/yy) \_\_\_\_\_

### Contact Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently serving on any Great Lakes Children's Museum committees?  Yes  No

Have you donated to the Great Lakes Children's Museum in the past?  Yes  No

List any other board commitments and the date when your commitment is completed \_\_\_\_\_

### What are your strongest skillsets (Check as many as apply and add others as needed)

<input type="checkbox"/> Admin/Business Management	<input type="checkbox"/> Governance	<input type="checkbox"/> Marketing/Public Relations
<input type="checkbox"/> Child Development	<input type="checkbox"/> Government (Politics)	<input type="checkbox"/> Social Services/Family Support
<input type="checkbox"/> Education/Early Childhood Ed	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Education/STEM/Technology	<input type="checkbox"/> Investment Management/Estate Planning	<input type="checkbox"/> Facility Operations
<input type="checkbox"/> Financial Oversight	<input type="checkbox"/> Law	<input type="checkbox"/> Tourism

Other (Please specify) \_\_\_\_\_

Will you have any conflicts of interest that might impact your ability to serve as a trustee for the Great Lakes Children's Museum?  Yes  No

Trustees either give money, get money, or connect the Museum to folks who can get or give money as part of their board duties. Which capacity will you be able to serve?  Donating  Soliciting  Connecting

Trustees serve on at least one subcommittee in addition to service on the board. Which committee(s) interest you?  Education  Facilities  Marketing  Board Oversight  Executive  Fund Raising

Trustees meet either as a full board or subcommittee monthly for 1 to 2 hours per meeting. What would prevent you from attending a trustee board or committee meeting? \_\_\_\_\_

Thank you! Return this completed application to

Email: [michael@qlcm.org](mailto:michael@qlcm.org), mail 13240 S West Bay Shore Drive, Traverse City, MI 49684