



♥ Morgan's Caring Connection
Board of Directors Application
Empowering Families One Grant At A Time
[www.morganscc.org]
Applicant Information

Full Name: _____

Date: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Preferred Contact Method: Phone Email Text

Professional & Personal Background

Current Occupation / Employer: _____

Title / Role: _____

Professional Skills or Expertise (check all that apply):

- Legal / Estate Planning Financial Planning Fundraising / Development
- Event Planning Marketing / Communications Accounting / Bookkeeping
- Nonprofit Management Education / Training Other: _____

List any current or previous board or volunteer experience:

Why Are You Interested in Serving?

Please share why you would like to serve on the Board of Morgan's Caring Connection and what impact you hope to make:

Availability & Commitment

Board meetings are held monthly, and members are expected to serve on at least one committee or participate in one signature event annually.

Are you able to commit to:

- Attending monthly board meetings (virtual or in-person)? Yes No
- Participating in at least one MCC event or committee per year? Yes No
- Serving a two-year term with the possibility of renewal? Yes No

Please indicate any areas of interest:

- Governance Fundraising Events Professional Network Marketing / Outreach

Contribution & Support

Each board member is asked to support MCC through advocacy, fundraising, and/or a personal donation that is meaningful to them.

How do you envision contributing to our mission?

- Personal donation Sponsorship connections Event support
- Professional expertise Volunteer coordination Other: _____

References

Please list one or two professional or personal references:

- 1. _____ Phone: _____
- 2. _____ Phone: _____

Authorization

I understand that submission of this application does not guarantee a board position. All applications will be reviewed by the Governance Committee, and selected applicants will be contacted for an interview.

Signature: _____ Date: _____

♥ Thank you for your interest in joining Morgan’s Caring Connection. Together, we are building a legacy of love, hope, and security for families with special needs dependents.