



BOARD OF TRUSTEE APPLICATION

Part I – Personal Information

Name: _____ DOB: ____/____/____

Home address: _____

Telephone: **Home** (____) _____ **Personal Cell** (____) _____

Home Email: _____

Employer Name: _____

Your Title: _____

Work Address: _____

Work Email: _____

Telephone: **Work** (____) _____ **Work Cell** (____) _____

Please check the appropriate boxes to let you know where you prefer to receive correspondence:

Phone: ☐ Home ☐ Personal Cell ☐ Work ☐ Work Cell **Email:** ☐ Home ☐ Work **Mail:** ☐ Home ☐ Work

Part II – Expertise

Special Skills/Area of Expertise: *Please check all special skills or areas of expertise you would contribute to the Erie Canal Museum.*

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> History |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Insurance (Liability and/or Health) |
| <input type="checkbox"/> Community Planning | <input type="checkbox"/> Legal (nonprofit specific) |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Education/Academia | <input type="checkbox"/> Media |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Entrepreneurism | <input type="checkbox"/> Nonprofit Management |
| <input type="checkbox"/> Events | <input type="checkbox"/> Nonprofit Governance |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Financial Investments | <input type="checkbox"/> Research |
| <input type="checkbox"/> Finances (nonprofit specific) | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Fund Development | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Graphic Design | |

Board Expertise: *Please indicate any boards on which you currently serve or have previously, as well as any officer positions you've held.*

Organization Name	Time Period	Officer

Other Organizational Expertise: *Please indicate any other charitable or community activities in which you have been/or are pleasantly involved.*

Memberships and Associations: *Please indicate any professional or social memberships you hold or associations in which you are involved, including whether they are current affiliations or past.*

	<input type="checkbox"/> Current <input type="checkbox"/> Past
	<input type="checkbox"/> Current <input type="checkbox"/> Past
	<input type="checkbox"/> Current <input type="checkbox"/> Past
	<input type="checkbox"/> Current <input type="checkbox"/> Past

Part III – Erie Canal Museum Board Information

Prospective Date Joining the Erie Canal Museum's Board: _____
(Month) (Year)

What is it about the Erie Canal Museum that interests you in becoming a board member?

How do you feel you can best contribute time and effort to help the Erie Canal Museum achieve its mission?

The board meets monthly typically on the fourth Wednesday at 10AM. See the [attached calendar of meetings](#) for the proposed dates for this year.

Could you regularly attend board meetings in person or virtually? ☐Yes ☐No

Are there any proposed meeting dates that you know now would not work for you?

While meetings are held hybrid, we encourage in-person attendance as much as possible. How often do you believe you will be able to participate at board meetings in person?

Additional Comments:

I have read the materials accompanying this application ([Bylaws](#), [Trustee Job Description](#), [Trustee Covenant](#), and [2025-2027 Strategic Plan](#)). I am ready, willing, and able to assume the responsibilities of membership of the Board of Trustees for the Erie Canal Museum.

Signature: _____ Date: _____

Part IV – Submittal Information

Mail to: Erie Canal Museum

Attn: Board Development Committee

318 Erie Blvd E

Syracuse, NY 13202

Fax to: (315) 471-7220

Email to: office@eriecanalmuseum.org with the subject *Board of Trustees Application*