



BOARD OF DIRECTORS APPLICATION FORM

Thank you for your interest in serving as a member of the Board of Directors of the Summit Chamber. Serving on the board is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help you understand the skills and time/resource commitments of this leadership position. You may find it helpful to read through the entire application and Board Member Responsibilities before you begin filling it out.

Please return the completed application to the Summit Chamber of Commerce no later than September 15, 2021. Forms should be emailed to Blair@summitchamber.org.

This application will be kept confidential. Applications are used by the Board's Executive Committee to identify and evaluate potential board candidates.

BOARD MEMBER RESPONSIBILITIES

1. Serves a minimum of one (1) three-year term on the Board. Eligible to serve additional three-year terms if re-elected.
2. Attend a minimum of 6 Chamber events each year (does not include board meetings but does include committee meetings, mixers and other Chamber events). The Full Board of Directors meets the 2nd Wednesday of every month from 8:30 to 10:00 AM.
3. Makes a serious commitment to participate actively in Chamber committee work.
4. Stays informed about committee matters, is prepared for meetings, and reviews and comments on minutes and reports.
5. Builds a collegial working relationship with other committee and board members that contributes to consensus.
6. Participates in the board's planning efforts.
7. Participates in the advancement of the strategic plan of the Chamber including member recruitment.

VISION STATEMENT

To be the driving force behind the success of all Summit County businesses.

VALUES STATEMENT

We lead, unite, and support our members and community.

MISSION STATEMENT

Our mission is to ensure business success for our members and to foster community –wide economic vitality by providing resources, educational opportunities, and business connections.

CANDIDATE INFORMATION

Name: _____

Position/Title: _____

Company _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Number of Years with Present Company: _____

Number of Years Lived or Worked in/with the Summit County area: _____

Number of Active Years In the Summit Chamber of Commerce: _____

Educational Background: _____

Work History: _____

Chamber Participation: _____

Community Activities: _____

Other Memberships, Achievements, etc: _____

BOARD CANDIDATE QUESTIONNAIRE

1. If selected, how do you feel you could contribute to the success of the Chamber?
2. Are you willing to give time, energy and resources to support the mission of the Summit Chamber of Commerce?
3. Do you have the time and resources to be an active Member of the Chamber Board?
4. What does leadership mean to you?
5. What do you believe are the two most significant issues or problems facing the Summit Chamber?
6. What makes you want to join the Summit Chamber Board of Directors?