



Nonprofit Management Boot Camp Application 2012

ABOUT YOU

Your full name: _____

Your current title: _____

Telephone: _____

E-mail address: _____

How long have you been in your current position? _____ No. of people you supervise? _____

If less than 1 year, what was your previous position? _____

How long did you hold that position _____

ABOUT YOUR ORGANIZATION

Name of organization: _____

Organization's address: _____

Organization's website: _____

Name & e-mail of Executive Director: _____

Is this organization registered as a 501 (C) 3 ? yes no

What is your organization's annual budget? _____

How many board members does your organization have? _____

How many paid employees does your organization have? _____

How many volunteers, on average, does your organization have? _____

Is your organization a member of Maryland Nonprofits? _____

Please note that membership IS NOT required for participation in this program.

On a separate piece of paper, please provide the following:

1. Please provide a brief history and mission statement for your organization.
2. What are your responsibilities in your current role?
3. Why do you want to attend the Nonprofit Management Boot Camp?
4. What do you consider to be your professional strengths and weaknesses?