# **Eagle County Climbers Coalition (ECCC) Board of Directors Application Form**

### **Personal Information**

•	Full Name: Address: City: State: Zip Code: Phone Number: Email:
	Professional Background
•	Current Occupation:
•	Employer/Business Name:
•	Please describe your professional background and how it relates to ECCC's mission:
	Experience and Skills
	List any previous or current board membership experience and your role:

Please highlight any specific skills, expertise, or resources you can bring to the ECCC Board (e.g., legal, financial, fundraising, marketing, event planning, etc.):

## **Commitment and Motivation**

Why are you interested in joining the ECCC Board of Directors?	
How much time can you commit to board duties, meetings, and ECCC events?	
Vision and Goals	
What is your vision for the future of climbing in Eagle County?	
Describe one specific goal or initiative you would advocate for as a board member:	
Community Engagement	
Have you participated in any ECCC programs or initiatives? If so, please describe your involvement:	

### **Additional Information**

Please provide any other information you believe is relevant to your application:

### References

- Reference Name:
- Relationship:
- Phone:
- Email:
- Reference Name:
- Relationship:
- Phone:
- Email:

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By signing below, I affirm that the information provided in this application is true and complete to the best of my knowledge, and I am committed to furthering the mission and goals of the ECCC if selected as a board member.

- Signature:
- Date:

#### **Submission Instructions:**

Please complete this application form and email it along with your resume or CV to eaglecountycc@gmail.com.