

- Board Development
- Strategic or Long-Range Planning
- Personnel/Human Resources
- Alumni Programming and Management
- Event Planning
- Legal
- Other (please specify):

- _____
- _____

PRIOR AFFILIATION WITH LEADERSHIP WISCONSIN/WRLP (mark all that apply)

- Alumni
- Seminar Co-Chair
- Seminar Speaker
- Curriculum Advisory Committee
- Other Committee or Role (please specify):

- No prior affiliation with Leadership Wisconsin/WRLP



Nonprofit Board Experience: No Yes (please, fill out table below)

Organization	Role/Title	Length of Service (years)

What is your interest in and reason for seeking involvement in Leadership Wisconsin as a Board member?

How would Leadership Wisconsin benefit from your involvement on the Board?

What else, if anything, do you wish to share?

Thank you so very much for your interest in the Leadership Wisconsin Board of Directors.
Please send your completed Statement of Interest to:



Leadership Wisconsin
610 Langdon St., Rm. 331
Madison, WI 53709
Phone: (608) 263-5024 – 711 Wisconsin Relay
Email: leadershipwisconsin@ces.uwex.edu



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CIVIL RIGHTS INFORMATION (*OPTIONAL, NOT REQUIRED*)

The following information is **optional** and is used only to assist Leadership Wisconsin in assessing our outreach to and participation from demographic groups tracked by University of Wisconsin-Extension.

Please indicate your race. Choose only one answer.

- | | |
|---|--|
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to respond |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | |

Please indicate your ethnicity. Choose only one answer.

- | | | |
|---|---|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Prefer not to respond |
|---|---|--|

Please indicate your "Sex". Choose only one answer.

- | | | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to respond |
|---------------------------------|-------------------------------|--|

Please indicate your age. Choose only one answer.

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult (19 years or older) | <input type="checkbox"/> Youth (18 years or younger) | <input type="checkbox"/> Prefer not to respond |
|--|--|--|