



Social Butterflies Foundation Board Member Application (2025)

Thank you for your interest in serving on the Board of Directors of **Social Butterflies Foundation (SBF)**. Board Members play a vital role in advancing our mission to support individuals and families affected by lupus and fibromyalgia. Please complete this application in full.

SECTION 1: APPLICANT INFORMATION

Full Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Employer/Organization: _____

Job Title/Profession: _____

SECTION 2: AVAILABILITY & COMMITMENT

Are you willing and able to attend mandatory **quarterly Board meetings** (January, April, July, October)? Yes No

Are you able to actively participate during the **mandatory July engagement period** for the Annual Butterfly Walk? Yes No

Are you willing to meet the **fundraising and sponsorship requirements** for all major events? Yes No

Are you able to provide **bi-weekly updates every other Friday** as required? Yes No

Are you willing to serve on at least one committee? Yes No

If no to any of the above, please explain:

SECTION 3: EXPERIENCE & SKILLS

Please check all areas where you have experience or expertise:

- Nonprofit Leadership
- Healthcare / Medical
- Finance / Accounting
- Fundraising / Development
- Marketing / Public Relations
- Event Planning
- Legal / Compliance
- Education
- Community Outreach
- Other (please specify): _____

Please briefly describe your relevant experience:

SECTION 4: FUNDRAISING & SPONSORSHIP CAPACITY

Are you comfortable securing:

- One (1) monetary sponsor and one (1) in-kind donor for the Annual Butterfly Walk?
 Yes No
- One (1) sponsor or in-kind donor for each additional major fundraising event? Yes
 No

Please describe any connections or networks that may support sponsorship or fundraising:

SECTION 5: STATEMENT OF INTEREST

Why are you interested in serving on the Board of Directors of Social Butterflies Foundation?

What do you hope to contribute to the organization?

SECTION 6: POTENTIAL CONFLICT OF INTEREST

Do you currently have, or anticipate having, any potential conflicts of interest that may affect your service on the Board? Yes No

If yes, please explain:

SECTION 7: REFERENCES

Please provide two (2) professional or community references:

Reference #1

Name: _____

Organization: _____

Phone Number: _____

Email Address: _____

Reference #2

Name: _____

Organization: _____

Phone Number: _____

Email Address: _____

SECTION 8: CANDIDATE CERTIFICATION

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submission of this application does not guarantee selection to the Board of Directors. If selected, I agree to abide by the **Revised Bylaws (2025), Board Member Agreement, and Annual Board Evaluation Process** of Social Butterflies Foundation.

Printed Name: _____

Signature: _____

Date: _____

APPLICATION SUBMISSION

Please submit your completed application and résumé to:

 admin@mysbf.org

Applications are reviewed on a rolling basis.

Thank you for your interest in serving with Social Butterflies Foundation.