COLLEGE OF MARIN

Advancement Advisory Committee Application Form

I am applying to serve on the: ☐ Finance Committee

☐ Program Advisory Committee

Name: _____

Title: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Committee Attributes

Financial Advisory Committee (5-7 members)

The Financial Advisory Committee reviews all financial statements and investment strategies and prepares a quarterly financial and investment status report. Seeking three to four members with financial and investment expertise, and two to three members who are donors.

Program Advisory Committee (5 members)

The Program Advisory Committee reviews distribution of funds to scholarships and programs to assure accountability and consistency with donor intent. Committee prepares and distributes a quarterly report to the public. Seeking three members who have expertise in philanthropic giving and are knowledgeable about College of Marin (COM) educational programs, and two members who are donors.

Quarterly Reports

Both committees will prepare and distribute quarterly reports, including any recommendations.
Reports will be distributed to COM Trustees and made available to the press, donors, and the general public.
Staff assistance will be provided to the committees as needed.

Interest Statement

Briefly explain your reasons for wanting to serve on this committee:

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Qualifications

Please list your relevant qualifications and any special skills or experience applicable to the work of this committee:

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Membership Commitments

The Finance Committee and Program Advisory Committee will meet on a quarterly basis to review documents. Additional meetings may be required throughout the year in order to prepare quarterly reports. If you are appointed to a committee, you are expected to attend all meetings and participate actively in the committee's projects.

Term

Committee members are appointed for a one-year term. A new application must be submitted each year in order to be considered for reappointment. Individuals can be appointed to a maximum of 3 consecutive terms.

I understand that submitting form does not guarantee appointment at this time.

_____

Signature Date

Send completed application to:

David Wain Coon, Ed.D.
Superintendent/President
College of Marin
835 College Avenue
Kentfield, CA 94904

Fax: 415-456-6017
dcoon@marin.edu

Your completed application will be routed to the College of Marin Board of Trustees for review.