

BOARD MEMBER SKILLS INVENTORY

Purpose of this Inventory

To make the most of your experience on our board, we're asking you to share your skills, interests, and expertise. This information will help us determine areas where you would be the best fit for committee assignments, special projects, and other board engagement opportunities.

This assessment is designed to complement the core expectations of board service on our board that have already been communicated with you. We recognize that each board member has unique contributions to make beyond these fundamental responsibilities.

Personal Information

Date: _____ Name: _____ Employer: _____

Years on Board: _____ Professional Title: _____

Professional Expertise

This section focuses on functional skills you've developed through your career, education, or volunteer experiences. Rate your level of expertise in each area (1=Novice, 3=Proficient, 5=Expert)

AREA OF EXPERTISE	1	2	3	4	5
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT/Digital Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy/Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate/Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEI Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research/Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Industry Knowledge

This section focuses on your familiarity with specific sectors or cause areas, regardless of your professional role. For example, you might work in marketing but have extensive knowledge of healthcare through personal experience or volunteer work.

Select all industries where you have significant knowledge or experience.

- Healthcare/Medical
- Education
- Social Services
- Arts & Culture
- Environmental
- Youth Development
- Housing/Homelessness
- Economic Development
- Criminal Justice
- Civil Rights/Advocacy
- International Development
- Faith Based
- Other: _____

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Working Genius Assessment

If you've taken the Working Genius Assessment, please indicate your top two types.

Ask me about the Working Genius Assessment at info@staceywedding.com.

GENIUS #1 Wonder Invention Discernment Galvanizing Enablement Tenacity

GENIUS #2 Wonder Invention Discernment Galvanizing Enablement Tenacity

Board Engagement Preferences

Beyond the minimum requirements our organization has shared with you as part of your board service, select your preferred ways to contribute between meetings (choose up to 3):

- | | |
|--|---|
| <input type="checkbox"/> Reviewing documents/providing feedback | <input type="checkbox"/> Organizing events |
| <input type="checkbox"/> Meeting with potential donors/funders | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Representing the organization at events | <input type="checkbox"/> Social media advocacy |
| <input type="checkbox"/> Providing professional expertise on specific projects | <input type="checkbox"/> Mentoring staff |
| <input type="checkbox"/> Developing resources/tools | <input type="checkbox"/> Research/information gathering |
| <input type="checkbox"/> Making community connections | <input type="checkbox"/> Other: _____ |

Personal Development Goals

What skills would you like to develop during your board service?

Additional Information

Is there anything else about your skills, interests or availability that would help us better engage you?

