

## **Mission**

As the designated nonprofit partner of the Town of Cedar Lake Parks Department, the Cedar Lake Parks Foundation is committed to cultivating private support and financial resources by establishing strategic partnerships aimed at preserving and enhancing Cedar Lake parks for the benefit of both current and future generations.

### **Board of Directors**

- No less than five (5), no more than seven (7) members
- Initial Directors will hold office for a 3 year term
- No member may sit on the Board who is also a member of the Town of Cedar Lake Park Board
- The Foundation Board will elect the officers (President, Vice President, Secretary, Treasurer)

## **Roles & Responsibilities of Board of Directors**

- Identify goals, projects and awareness to achieve the mission of the foundation.
- Raise funds, awareness and support of foundation goals and mission.

#### Cedar Lake Parks and Recreation

7408 Constitution Ave – PO Box 707 – Cedar Lake, IN 46303 Tel (219) 374-7400 x7 – Fax (219) 374-8588



# **Cedar Lake Park Foundation Application** Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Street Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: E-mail: When would be the best time to reach you? Please explain briefly why you wish to serve on this Foundation. What qualities do you possess that would be beneficial to serving the people of Cedar Lake? Please share any experience you have serving on a board for a non-profit or for-profit organization or as a volunteer for a community or civic organization.

How can your personal/professional skills contribute to the long-term growth and expansion of the Cedar Lake Park Foundation?
FUNDRAISING
Are you willing to directly participate in fundraising activities on behalf of the Cedar Lake Park Foundation?
REFERENCES
Please provide two references.
Name
Address
Phone Number
Name
Name
Address

Please attach a copy of a valid driver's license to this application.		
I swear and affirm under the penalties for perjury, that the information, statement(s), and representation(s) contained herein is (are) accurate and true to the best of my knowledge and belief. I understand and acknowledge that I may be called to testify under oath concerning the matters I have documented here.		
Signature of Applicant	Date:	
The Town of Cedar Lake will conduct background ch	necks on all applicants.	