



American Red Cross
Tiffany Circle

**Tiffany Circle National Council
FY21 Application and Skills Survey**

Thank you for sharing your time, talent, and treasure with the American Red Cross and for seeking to join the National Council! **Please share with us your background, interests and skills by returning your signed and dated form, and head shot to your mandy.peebles@redcross.org no later than Wednesday, April 15.** The Governance Committee is especially seeking diversity in terms of demographics, skill sets, region of the country served, and size of Tiffany Circle serving the community.

Tiffany Circle National Council Nomination Form

Date _____

Name _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

E-Mail _____

Best number to reach you _____

Have you attended a Tiffany Summit? Yes _____ No _____

Year joined as at Tiffany Circle Member _____ Year joined as a BMH Member _____

Year(s) served as local Tiffany Circle Chapter Chair _____

Year(s) served on local Tiffany Circle Committee _____

Volunteer positions held at Red Cross:

Position Held	Year
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As part of our process, we will contact the relationship manager at your local Red Cross chapter to discuss your candidacy. In addition, please indicate anyone else at the Chapter that we should contact:

Name _____ Office phone _____

Why do you want to be a member of the Tiffany Circle National Council?

DEMOGRAPHIC/SKILL SURVEY

Age Group: ☐ Under 40 ☐ 40 – 55 ☐ 56 – 70 ☐ Over 70

Race: ☐ African-American ☐ Asian/Pacific Islander
 ☐ Caucasian ☐ Hispanic
 ☐ Native American ☐ Other

What is your professional affiliation?

- ☐ Corporate
- ☐ Small Business
- ☐ Government
- ☐ Nonprofit
- ☐ Community Volunteer
- ☐ Media
- ☐ Other:

Community Connections and Relationships

☐ Access to Corporations ☐ Access to Foundations



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- ☐ Access to Persons of Wealth ☐ Access to Media

Professional Skills and Experience

- ☐ Proven Leadership
☐ Special Events
☐ Fundraising
☐ Technology
☐ Strategic Planning
☐ Governance
☐ Marketing/PR
☐ Sales

Signature _____ Date _____