



Trauma Intervention Programs of San Diego County Inc.  
Supplemental Questionnaire

**Executive Director – Full Time**

You are requested to respond to the following questions. Please include your name in the upper right hand corner on each sheet of paper. *Please limit your response to one page per question.* All responses are requested to be prepared in the **Times New Roman font, 12 pitch.**

1. Describe any experience you have in applying for grants.
2. What fund raising activities have you been involved in and what were the results?
3. What is your management/philosophy style?
4. Describe your software skills and proficiency.
5. Describe your experience in giving public presentations.
6. Why should the TIP Board of Directors select you for this position?