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Board Appointment Application

Name of Local Council_____
City_____

Contact Information

Name _____ Date_____

Other Name Used, Past or Present_____

Home Address _____

Home Telephone _____

Business Name_____

Business Address _____

Business Telephone _____ Cell Phone _____

Business Fax Number_____

Position Title_____

E-mail Address_____

Date of Birth _____

Social Security # **(mandatory/not mandatory):** _____

Preferred Contact Location: □ Home □ Work

Valid Driver's License Number **(mandatory/not mandatory)**: _____

Are you a United States Citizen? □ Yes □ No If no, name country of citizenship and proof of residency documentation:_____

Are you a current member of have ever been a member of the Name of Local Council? □ Yes □ No

If yes, list dates _____

Emergency Information

Special medical needs/conditions/allergies _____

Emergency procedures (if applicable) _____

Emergency contact information:

Name _____ Relationship_____ Home Phone _____ Other Phone_____

Address_____

(street) (city) (state) (zip)

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Education Background (Include degrees and dates; if full information is on attached resume please indicate.)

_____

_____

_____

_____

_____

Employment Experience (If full information is on attached resume please indicate.)

_____

_____

_____

_____

_____

Professional Licenses or Certifications: (List below or if full information is on attached resume please indicate.)

_____

_____

_____

_____

_____

Previous Board, Professional Committee, Government, Publically Elected and/or Other Leadership Positions Held:

_____

_____

_____

_____

_____

Previous Volunteer Position Experience:

_____

_____

_____

_____

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Reason(s) for interest in a Council Board position? (Please attach additional documentation as needed.)

_____

_____

_____

_____

_____

Areas of Interest: (Please mark all that apply)

□ Finance
□ Program Development
□ Fund Development
□ Public Awareness
□ Other _____

□ Other _____

Skill Areas: (Please mark all that apply)

□ Grant Writing
□ Fundraising
□ Public Speaking
□ Writing
□ Professional Connections
□ Accounting and Finance
□ Other _____
□ Other _____

□ Other _____
□ Other _____

Do you have proficiency / skill in another language other than English in which you would feel comfortable assisting the local council's work? □ Yes □ No

If so which language(s)?

1._____

□ Speaking Ability □ Reading Ability □ Writing Ability

2._____

□ Speaking Ability □ Reading Ability □ Writing Ability

List any person(s) or group(s) who might object to your board appointment and state reason(s):

_____

_____

_____

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EQUAL EMPLOYMENT OPPORTUNITY

Note: We are requesting EEO information on a voluntary basis. The purpose of requesting this information is to monitor our effectiveness in attracting minorities. The information collected is confidential**.**

Please check how you would designate yourself racially (as defined by the Equal Employment Opportunity Commission):

[ ] Caucasian

[ ] Hispanic – a person of Mexican, Puerto Rican, Cuban, South American, or other Spanish Culture or origin, regardless of race.

[ ] African American (not of Hispanic Origin) - a person with origins in any of the Black racial groups of Africa who is also not of Hispanic origin.

[ ] Asian or Pacific Islander- a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.

[ ] Native American or Alaskan Native- A person with origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

[ ] Multi-Cultural – a person who would classify themselves as more than one of the above.

References: (List below or if full information is on attached resume please indicate.)

1. Name_____Title/Relationship_____
Organization Name_____
Address_____ _____
_____Telephone_____
□Personal □Professional E-mail_____

2. Name_____Title/Relationship_____
Organization Name_____
Address_____ _____
_____Telephone_____
□Personal □Professional E-mail_____

3. Name_____Title/Relationship_____
Organization Name_____
Address_____ _____
_____Telephone_____
□Personal □Professional E-mail_____

Please indicate any matter (legal or illegal) in which you are involved or have been involved with in the past that is incompatible with the mission of the local council, the discharge of any board appointment duty or that which may impair your judgment of independence or action in the performance of the responsibilities with board membership.

_____

_____

_____

_____

_____

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APPLICANT'S STATEMENT of Certification

The information contained in this application is correct to the best of my knowledge and permission is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal from board member consideration. I authorize any references listed in this application to relay information they may have regarding my character and fitness for work on behalf of children. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect references provided on my behalf.

_____ _____

Applicant's Signature Date

_____ _____

Witness Signature Date

_____

Print Witness Name

Please attach resume to this form