



Board Member Application

Name: (First) _____ (Middle) _____ (Last) _____

Date of birth (m/d/y): ____/____/____ Ms. Mrs. Mr Dr. Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Cell: (____) _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Employment

Retired

Employers Name: _____

Occupation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please list all past boards you have served on and any executive positions you held:

Please list any service clubs you are a current member of ie. Elks, Rotary, Kiwanis, WSH, etc.

What other general skills, education or hobbies do you offer? _____

Do you feel comfortable asking the community and friends / family for Auction donations?

What areas are you able to commit to?

Attend monthly board meetings	Yes	No
Support monthly/annual giving requirements	Yes	No
Support board membership growth and development	Yes	No
Support direct mailings - label, stamp and stuff envelopes	Yes	No
Solicit and pick up auction or raffle items	Yes	No
Solicit business owners for event sponsorships	Yes	No
Sell event and raffle tickets	Yes	No
Advocate for Blue Skies for Children	Yes	No

If you have a disability or medical condition, what accommodations do you need?

Please list 3 references – Name and Phone Numbers:

Have you ever been convicted of a criminal offense or released from prison within the last seven years?

Yes _____ No _____

Personal Information (Optional)

Information to be used for statistical use only

Gender

Marital Status

Origin

Male

Married Divorced

Caucasian Hispanic Native American

Female

Single Widow (er)

African American Russian Asian

Other: _____

Board Certification and Agreement

I certify that the statements made in this board application are true and correct, and have been given voluntarily. I understand that this and other information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I agree to abide by the volunteer personnel policies of the agency. I understand that I will not be paid for my services as a board member.

I understand that a background check will be conducted.

Signature: _____ **Date:** _____

Blue Skies For Children’s policy is to comply with all applicable City, County, State, and Federal laws prohibiting discrimination based on race, color, sex, religion, sexual orientation, national origin, citizenship, age, marital or veteran status, medical disability or handicap, political ideology, or other legally protected classifications.