



Board of Directors Application

Date _____

LAST NAME		FIRST NAME	
DATE OF BIRTH			
HOME	STREET ADDRESS		
	CITY, STATE ZIP		
	PHONE	HOME	(PGR/CELL)
	E-MAIL		
WORK	COMPANY		
	STREET ADDRESS		
	CITY, STATE ZIP		
	OCCUPATION		
	PHONE	Office	(PGR/CELL)
	E-MAIL		
Primary phone: home - work - cell / Best time to call am/pm		Primary mailing address: home - work	
EMERGENCY CONTACT			
RELATIONSHIP			
	PHONE	(HOME/WORK/CELL)	(HOME/WORK/CELL)

	ORGANIZATION / CITY, STATE / PHONE	POSITION
<i>Board Experience</i>		
<i>Volunteer Experience</i>		
<i>Community & Professional Affiliations</i>		

Please attach your resume or vitae that describes the essential responsibilities and your achievements in your work and volunteer roles.

Are you able to commit 8-12 hours per month to ICAN as a board member? Yes No

Are you willing to make a financial leadership gift to the organization? Yes No

Do you have experience or knowledge in one or more of the following areas: Accounting/finance

- Arts/culture Business Youth Community organization Education
- Government/politics Investments Law/corrections Media/public relations
- Medical/psychology Faith Policy development Strategic planning Prevention services
- Fundraising Personnel Volunteerism Risk management
- Building/grounds

Do you have access to: Community Leaders Corporate Leaders Prospective Donors

Civic/Social/Volunteer Groups Political leaders Other: _____

Please describe: _____

Do you have an interest in one or more of the committee areas: Fundraising Governance
 Public Relations Accreditation Site Development Special Events Donor Society

Describe what interests you about this committee and the experiences you bring: _____

Have you ever been convicted of a felony? Yes No If yes, please explain:

References

LAST NAME	FIRST NAME	
STREET ADDRESS		
CITY, STATE ZIP		
PHONE	(HOME/WORK/CELL)	(HOME/WORK/CELL)
LAST NAME	FIRST NAME	
STREET ADDRESS		
CITY, STATE ZIP		
PHONE	(HOME/WORK/CELL)	(HOME/WORK/CELL)
LAST NAME	FIRST NAME	
STREET ADDRESS		
CITY, STATE ZIP		
PHONE	(HOME/WORK/CELL)	(HOME/WORK/CELL)

I certify that this completed application and any attachments are true and that I have not withheld any pertinent information. I understand that any omission, misrepresentation, or false information submitted in connection with this application may result in refusal or dismissal of volunteering activities.

I hereby agree that in the course of considering my application, you may make inquiries of my background to obtain necessary information related to volunteering activities. I also understand that, upon my providing written request, information on the nature and scope of any inquiries will be forwarded to me.

Signature

Date