

BOARD MEMBER APPLICATION

Literacy for Companionship Inc.™

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Phone: _____ Email: _____

Are you a citizen of the United States? YES NO

Have you ever served on a board? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

REFERENCE

Please list a professional reference:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

EMPLOYMENT

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

BOARD MEMBER APPLICATION

BOARD EXPERIENCE

From our experience, Board Members spend a minimum of 10 hours per month on LfC work. Depending on your level of involvement and commitment, this time might increase.

Do you see this as a problem? YES NO

How will being an LfC Board Member be good for you personally?

History of community/volunteer services:

What areas of the LfC Board are of interest to you?

Areas of expertise (please check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Government | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Non-Profit Management |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Legal | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Name (Printed): _____

BOARD MEMBER APPLICATION

CONFIDENTIAL

Literacy for Companionship Inc. Background Check Authorization

Print Name: _____
First Middle Last

Former Name(s): _____ Dates Used: _____

Current Address Since: _____
Mo/Yr Street City State/Zip

Previous Address From: _____
Mo/Yr Street City State/Zip

Previous Address From: _____
Mo/Yr Street City State/Zip

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Driver's License Number and State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Literacy for Companionship Inc.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Literacy for Companionship Inc.** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Literacy for Companionship Inc.**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individual and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____