



## Children First, Inc. Board of Directors Application Form

Thank you for your interest in joining the Children First, Inc. Board! Use this form to provide useful information about yourself, to ensure the best match between you and Children First, Inc., and why might CF want to consider you for its Board of Directors. The following information will be shared with the board members

Your name: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Your email address (please write it carefully):

\_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your current organizational affiliations (names of the organization and your role(s)):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board development   | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Strategic planning  | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Staffing / HR       | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Volunteer management  |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training: \_\_\_\_\_  
\_\_\_\_\_

Employment History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience working with Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to get out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Prior to and throughout your service you will be required to participate in all programs on a continual basis, through training, shadowing and/or receiving services

You will also be required to go through a background screening that includes criminal records in the jurisdiction that you live, state and federal criminal records, national sex offender registry, child abuse protective services check, as well as a social security check and a potential credit check for check signers.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

Yes

No

Perhaps