



## **Board Member Application**

The following information is requested by the Board of Directors of Family Enrichment Center to assist them in filling current vacant positions with persons whose characteristics bring the Board into alignment with its mission and goals. The information requested is intended solely for the use of the Board of Family Enrichment Center.

Please attach resume or other pertinent information, if available.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Occupation, business, or profession: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Education: High School \_\_\_\_\_

College \_\_\_\_\_

Type of degree \_\_\_\_\_

Other \_\_\_\_\_

Please check all of the following areas in which you have experience or expertise:

- |   |   |
|---|---|
| <input type="checkbox"/> Administration or Business practices | <input type="checkbox"/> Training (you can provide) |
| <input type="checkbox"/> Early Childhood Education            | <input type="checkbox"/> Grant writing              |
| <input type="checkbox"/> Fundraising                          | <input type="checkbox"/> Child Abuse                |
| <input type="checkbox"/> Public Relations                     | <input type="checkbox"/> Accounting                 |
| <input type="checkbox"/> Legal advice                         | <input type="checkbox"/> Building/Maintenance       |
| <input type="checkbox"/> Mental Health Services               | <input type="checkbox"/> Health Services            |

Please check each of the following committees or areas of special interest in which you would like to participate:

- Finance committee
- Program committee
- Race committee
- Venetian Ball committee
- Public relations committee
- Board Development committee
- Board Officer (future)

Please list any professional organizations in which you presently hold membership.

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Please list any civic/volunteer activities with which you are or have been involved.

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Do you hold a position, appointment, or elected office in any other organization which would cause any foreseen conflict of interest with the matters of business of Family Enrichment Center?  
If yes, please explain.

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As a board member, what goals would you like to see reached by the agency?

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Please list a personal, professional, or other Board Member as a reference who we may contact on your behalf.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* All Board Members are required to complete a criminal records check and a CAN check upon application for membership.

Please return this form to Nickie Jones, Family Enrichment Center, 1133 Adams Street, Bowling Green, KY 42101. (270)781-6714 Email: njones@familyenrichmentcenter.com