



Strengthening the Lives of Children, Adolescents, Adults,
and Families.

BOARD OF DIRECTORS APPLICATION FORM

Please fill out legibly and completely; attach your letter of interest and a resume.

NAME: _____

ADDRESS: _____

CITY STATE ZIP CODE COUNTY

Home Phone: _____ Work Phone: _____

Alt. Number: _____ Fax Number: _____

E-Mail address: _____

Current Employer: _____

Title: _____

Address: _____

College/University: _____

Degree/ Major: _____

Activities and Honors: _____

Optional information for grant purpose:

Age: _____ Gender (check one): ___ Female ___ Male Ethnicity: _____

PERSONAL REFERENCES AND TELEPHONE NUMBERS:

1. _____

2. _____

3. _____



ANY PAST INVOLVEMENTS WITH POSITIVE GROWTH, INC:

LIST THE BOARDS AND/OR GOVERNANCE-RELATED COMMITTEES THAT YOU HAVE BEEN OR STILL ARE INVOLVED WITH (CURRENT OR MOST RECENT FIRST), YEAR OF TERM, AND YOUR POSITION (IF APPLICABLE):

1. _____ Term: _____
2. _____ Term: _____
3. _____ Term: _____

PAST COMMUNITY SERVICE INVOLVEMENT WITH OTHER ORGANIZATION (Attach additional pages as needed):

WHY ARE YOU INTERESTED IN SERVING ON BOARD OF DIRECTOR AT POSITIVE GROWTH, INC? (Attach additional pages as needed):

PLEASE INDICATE AREAS OF KNOWLEDGE, EXPERTISE, SKILLS VOLUNTEER OR ACADEMIC EXPERIENCES BY PLACING AN (X):

<input type="checkbox"/>	Accounting / Financing	<input type="checkbox"/>	Legal
<input type="checkbox"/>	Board Governance	<input type="checkbox"/>	Public Relation/Marketing
<input type="checkbox"/>	Computer Technology	<input type="checkbox"/>	Meeting Management
<input type="checkbox"/>	Policy/Planning Development	<input type="checkbox"/>	Fundraising/Resource Development
<input type="checkbox"/>	General Management	<input type="checkbox"/>	Program Development
<input type="checkbox"/>	Others:		

INDICATE THE COMMITTEE THAT YOU WOULD BE INTERESTED IN SERVING ON BY PLACING AN (X):

<input type="checkbox"/>	Finance/Budgeting	<input type="checkbox"/>	Long Range Planning
<input type="checkbox"/>	Governance/Nominating	<input type="checkbox"/>	Fundraising/Event Planning
<input type="checkbox"/>	Public Relation/Marketing	<input type="checkbox"/>	Programs/ Resource Development

Selected candidates will successfully complete an interview, reference check, and board training. Signing below indicates your understanding of this process and declaration and that the information provided on this form is true to my best knowledge, and permission is given to Positive Growth Inc. Board of Directors to contact the people list above for references.

_____ DATE

APPLICANT'S SIGNATURE