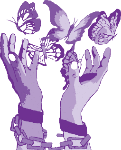
*A* Board Member Application

*Transformative*

*Community*

***Educate. Prevent. Provide. Rebuild***

# Applicant Information

Full Name: Date:

*Last First M.I.*

Address:

*Street Address Apartment/Unit #*

*City State ZIP Code*

Phone: Email

Have you ever participated on a board? Yes No

If yes, describe:

Are you currently employed?

YES NO

If yes, where? :

# Education

High School:

Did you graduate?

YES NO

College:

Did you graduate?

YES NO

Degree:

# Volunteer Experience

Have you had previous volunteer experience?

YES NO

If yes, Where?

Skills/ Interests: Please list any skills, knowledge of other languages, qualifications that you feel are relevant:

Please state the check the best time you would be available for monthly board meetings:

Morning Afternoon Evenings

We have our board meetings the first Monday or Tuesday of the month, which even works best for the majority of the board. You can do conference calls, although the majority of your meetings MUST be in person.

Is there a preferred position you are interested in on the Board? Do you know anyone who would be interested in being on the Associate Board or Volunteer?

# References

## Please list three professional references.

Full Name: Relationship: Company: Phone: Address:

Full Name: Relationship: Company: Phone: Address:

Full Name: Relationship: Company: Phone: Address:

# Disclaimer and Signature

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

*In recognition of the trust inherent in serving vulnerable women and to fulfill the requirements of the Ministry of Community and Social Services, in some cases a police record check will be required prior to the acceptance of an individual as a Board member of Butterflies 15.*

*I hereby give permission to Butterflies 15 to check the provided references and to conduct a criminal record check. I understand that Board placement is conditional upon the receipt of satisfactory references and police check.*

*We will need a copy of your Driver’s License or State Indentation card due to the confidentiality of our ladies we assist and for the background check if we choose to do so.*

Signature: Date:

Butterflies 15 respects your privacy and adheres to all legislative requirements in respect to protecting privacy. Your personal information will be used only for the Board application process and related program purposes such as notification about recognition events. From time to time, Butterflies 15 may contact you about upcoming events, programs and fundraising opportunities. Do you prefer to receive this information?

YES NO