

INTERLINK VOLUNTEER CAREGIVERS

APPLICATION FOR BOARD MEMBERSHIP

Applicants are considered for all positions without regard to race, color, religion, national origin, martial or veteran status, or the presence of a non-job-related medical conditional or disability.

(PLEASE PRINT, DARK INK)

Date of Application: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
Number or Box # Street City State Zip

TELEPHONE: () _____ Email: _____
Is this a message phone? [] yes [] no

County of residence? [] Blaine [] Camas [] Cassia [] Gooding [] Jerome [] Minidoka [] Twin Falls

Date of Birth: _____ Gender _____ Male _____ Female

Nominated By: _____

Can you attend day or evening meetings, if needed? [] yes [] no Explain: _____

Current employment: _____
Name of employer Your Title

Employer's Address _____
Business Phone Number

City _____ State/Zip: _____
Business Email

VOLUNTEER/COMMUNITY SERVICE EXPERIENCE

List specifically experience that would contribute to serving on the Board at IVC:

A. Name of Organization: _____

Mailing Address of Organization: _____

Title of Position: _____ Supervisor: _____

Dates: From: _____ To: _____ May we contact this organization [] Yes [] No

Duties (Be Specific): Use additional paper if needed. _____

B. Name of Organization: _____

Mailing Address of Organization: _____

Title of Position: _____ Supervisor: _____

Dates: From: _____ To: _____ May we contact this organization [] Yes [] No

Duties (Be Specific): Use additional paper if needed.

Areas of expertise you bring to the board (Please check one or more):

- Finance/Accounting
- Strategic Planning
- Human Resources
- Banking / Controller
- Fundraising
- Education
- Insurance
- Marketing / Media
- Legal
- Law Enforcement
- Medical / Health
- Event Planning
- Real Estate
- Other _____

Please briefly describe why you would like to volunteer to serve on the Board.

Please briefly describe your academic and professional background, and other relevant experience (include any degrees or other professional titles you hold) that would contribute positively to serving on the IVC Board of Directors.

Please briefly outline the specific skills you bring, or contributions you hope to make, to the Board.

Do you have any relatives employed by the agency or serving on either the Board of Directors or any advisory committee? [] Yes [] No

If so, who? _____

Have you ever been convicted of a felony? If so, please explain.

I am applying for a position on the Board of Directors of Interlink Volunteer Caregivers, Inc (IVC). I understand that there are substantial meeting attendance and participation requirements, including at least 11 monthly meetings at which in person attendance is required, active and involved participation on a committee and attendance of committee meetings (which can range anywhere from quarterly to monthly meetings depending on the committee), an annual retreat and attendance at and support (monetary or in-kind) of IVC events, fundraisers and other board functions.

By my signature, I certify that all answers and statements on this application are true and complete to the best of my knowledge.

Signature: _____

Received by: _____
Date & initial

INTERLINK VOLUNTEER CAREGIVERS
Authorization for Investigation

I, _____, also known as,

_____, understand that an investigation (include maiden/prior married/any other names used)

into my employment history and/or information concerning myself contained within the files of the Bureau of Criminal Identification is necessary for the acceptance of my application for representation on the Board of Interlink Volunteer Caregivers.

I hereby authorize Interlink Volunteer Caregivers to access any and all information (files or records) concerning myself from any private employer, state or federal agency.

In order to facilitate this process, I have provided the following information:

Social Security # _____ Date of Birth: _____

Current Address: _____
(Mailing and Home Address)

Previous Address(es): _____

Previous Address(es): _____
(Past 10 years – please use additional paper if needed)

I execute this authorization freely, voluntarily, and without coercion, or undue influence, for the purposes stated above.

DATED this _____ day of _____, 20 _____

Signature: _____

Interlink Volunteer Caregivers is a drug-free/alcohol-free/smoke-free workplace. All IVC employees and Board members are required to adhere to agency policies.

By my signature, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should investigation disclose any untruth, or misleading answers, my application may be rejected, my name removed from consideration, or my service to the Board terminated.

Signature: _____

Received by: _____
Date & initial