



# Board of Directors Application Form

**Thank you for your interest in joining our Board! Use this form to provide useful information about yourself, to ensure the best match between you and Project ASCENT. Please note the following information will be shared with current Project ASCENT Board members and staff.**

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 or be willing 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   |
|  |   | <input type="checkbox"/> Technology/Social Media |

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

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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, etc.?

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If you join the Board, you agree that you can provide at least 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. Also, you agree to fully participate in fundraising and community events.

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?

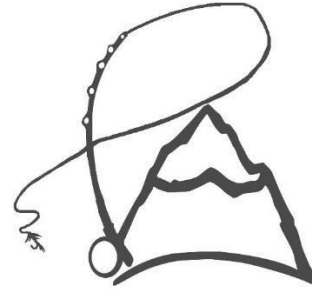
Yes

No

Perhaps

**CONFIDENTIAL**

**Project ASCENT**  
**Background Check Authorization**



**Print Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Former Name(s) and Dates Used:** \_\_\_\_\_  
(First) (Middle) (Last)

**Current Address Since:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

**Previous Address**  
**From:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

**Previous Address**  
**From:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

**Social Security Number:**

**Telephone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Drivers License Number/State:**

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Project ASCENT** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Project ASCENT** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Project ASCENT**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_