



BOARD APPLICATION

Personal Information

First Name: _____ Last Name: _____
Home Address: _____
City/State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Skills & Education: _____
Home Email: _____ Birth Date: _____

Business Information

Company: _____ Position: _____
Work Address: _____
City/State: _____ Zip Code: _____
Work E-Mail: _____ Work Phone: _____

Organization Relationship

How did you hear of House of Hope? _____

How can you help forward the vision and mission of House of Hope?

What skills and values would you be contributing to the House of Hope?

List three (3) references we may contact on your behalf.

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background Check Authorization Statement

By signing this document, House of Hope Green Bay, Inc. discloses to you that it engages in a pre-placement background investigation. This document shall authorize House of Hope to procure a criminal background report as part of the pre-approval background screening. This information will be used to approve your consideration as a board member or volunteer unless it proves to be a detriment to you, the clients, or House of Hope. At no time shall any information regarding an applicant's background report be released to anyone other than House of Hope Green Bay administration.

Have you ever been convicted of illegal usage/distribution/manufacturing of a controlled substance? Yes No If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? Yes No If yes, please explain: _____

Maiden name or other names used: _____

I confirm that all information provided on this application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

*A typed name on this application will serve as an electronic signature.