



# Application for Position Board of Directors

**PLEASE PRINT**

Position Board Member Date of Application     /     /    

Name \_\_\_\_\_  
                                     First                                    Middle                                    Last

Address \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell/Other # (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant must verify that he/she is 18 years of age or older: Date of Birth : \_\_\_\_\_

Referral Source (How did you hear about us?) \_\_\_\_\_

Have you ever been employed here or with a partnering agency ( law enforcement/DA's office/ CYS/ medical or mental health provider) before? \_\_\_Yes \_\_\_ No If yes, give date and positions  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes \_\_\_ No \_\_\_

If yes, please provide date(s) and details \_\_\_\_\_  
 \_\_\_\_\_

***Educational Background***

Starting with your most recent school attended:

School (include city and state)	Years Completed	Degree Achieved	GPA	Major/Minor

**Employment History**

Starting with your most recent employer, please provide the following information:

Employer \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

Employer \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

Immediate Supervisor and Title (for most recent position held) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Responsibilities \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become involved with the Children’s House/CAC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List name and telephone number of three business/work references that are *not* related to you. If not applicable, list three school or personal references that are *not* related to you. Please have your references complete and return the attached Reference Form to: The Children’s House/CAC P.O. Box 335 Towanda, Pa 18848

Name	Title	Relationship To You	Telephone	Number of Years Known

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the Children’s House/CAC is true, complete and correct.

I expressly authorize, without reservation, the Children’s House/CAC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institution and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Children’s House/CAC does not discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant for consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Children’s House/CAC and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Children’s House/CAC reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Children’s House/CAC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Children’s House/CAC’s President and Executive Director.

I fully understand that this is a volunteer position and I will not be monetary compensated for my work as a board member.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration as a board member, or (ii) may result in my immediate discharge from the Children’s House/CAC service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by CH staff: Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## Board of Directors REFERENCE FORM

Applicant completing Reference Form for: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Employer and Title: \_\_\_\_\_

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Please answer the following questions as completely as you can. Thank you for your assistance.

1. Please briefly state why you believe this applicant would be a good employee or volunteer for our agency.
2. Do you know of any reason why this applicant should not serve in the capacity of \_\_\_\_\_ with this agency?  
  
\_\_\_ Yes \_\_\_ No If yes, please state the reasons.
3. Do you know of any reason why this applicant should not work with children?  
\_\_\_ Yes \_\_\_ No If yes, please state the reasons.



## Information Form

Board Nominee Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Email \_\_\_\_\_

Mobile \_\_\_\_\_ **In case of emergency, please contact:**

Other \_\_\_\_\_ Name \_\_\_\_\_

Pager \_\_\_\_\_ Home/Work \_\_\_\_\_

Cell/Other \_\_\_\_\_

Strengths you believe you bring to the Children's House/ CAC \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Involvement Experience (include civic, religious, and other memberships):

\_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_