



CCEA Board Member Application

Name (Last, First, Middle): _____

Date of birth (month/year): _____ Social Security Number: _____

Ms. Mrs. Mr. Dr. Preferred Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Cell: (____) _____

Email: _____

How did you hear about CCEA New Sprouts? _____

Employment

I am Employed Not-employed Retired

Employers Name: _____

Occupation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____

Please list all past boards you have served on:

Do you have any hobbies or skills that may be helpful to CCEA?

Please list 3 references – Name and Phone Numbers:

1. _____

2. _____

3. _____

Emergency Contact

In the event of an emergency please notify

Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

Personal Information (Optional)

Information to be used for statistical use only

Gender

Marital Status

Origin

Male

Married

Divorced

Caucasian

Hispanic

Native American

Female

Single

Widow (er)

African American

Russian

Asian

Other: _____

Board Certification and Agreement

I certify that the statements made in this board application are true and correct, and have been given voluntarily. I understand that this and other information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I agree to abide by the volunteer personnel policies of the agency. I understand that I will not be paid for my services as a board member.

Applicants signature: _____ **Date:** _____