



SHIELD Mentor Program

IT'S NEVER TOO LATE TO MENTOR A CHILD...**MENTOR YOUTH!**

Address: PO Box 13266, Greensboro, NC 27415 · Phone: 336-337-2771 · Web: www.shieldyouth.com

Board of Directors Application

Date: _____
Name: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone#: _____ Cell# _____ Work# _____
Social Security Number: _____-_____-_____ Sex: _____ Race: _____
Place of Employment: _____ City: _____
Email: _____
Any prior Criminal Record? (circle one) YES / NO If yes, please describe:

NOMINEE PROFILE

1. Describe your experience in community-based organizations, including service on boards or advisory committees:

2. Briefly explain your knowledge of the issues surrounding youth in the community:

3. Indicate the education or skills you can contribute to our board:

- Accounting
- Business Management
- Computer Science
- Education
- Finance
- Fund-Raising
- Graphic Arts
- Law
- Lobbying/Government
- Public Relations
- Other

4. Describe the qualities you wish to share and the contributions you can make if elected to the Board:

5. Why are you interested in serving as a SHIELD Board Member?

6. What goals and objectives do you feel necessary for SHIELD?

7. Why do you want to serve on the SHIELD board of directors?

8. What can you add to SHIELD as a board member?

9. What responsibilities would you be interested in assuming if elected to the SHIELD Board?

10. Please describe how you like to work and interact with other Board members?

11. What experience have you had with volunteer work, governing or advisory boards, fundraising, etc.?

OTHER ORGANIZATIONS/ASSOCIATIONS

Please list any other civic/church/professional organizations in which you are currently a member, or have been a member of, and position held (if any):

<u>Name</u>	<u>Function</u>	<u>Years</u>	<u>Current Member?</u>
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REFERENCES

Name	Relationship	Telephone Number
1.		
2.		
3.		

I hereby certify that all statements made on this application are true. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from consideration and, if I am appointed to the board, may be grounds for my removal at a later date.

I understand that SHIELD Mentor Program may conduct a background/screening check in accordance with SHIELD Mentor Program policy to verify any information I have provided in connection with my application or to determine my suitability for appointment. I understand that any omission, falsification, misstatement or misrepresentation on this application will be grounds for rejection or removal, if appointed.

I expressly authorize, without reservation, SHIELD Mentor Program, its representatives, employees or agents to contact and obtain information from all references and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have against SHIELD Mentor Program, its agents, employees or representatives, for seeking, gathering and using such information in the application process. I also hereby waive any and all rights and claims I may have against all other persons, corporations or organizations for furnishing such information about me.

The mission of SHIELD Mentor Program, is to promote a mentoring spirit, while matching youth with community role models. SHIELD Mentor Program Board Members are expected to support the mission of SHIELD Mentor Program.

I hereby certify there is nothing in my past or present which would negatively reflect on SHIELD Mentor Programs' mission of mentoring services.

By applying for appointment to the board, I hereby agree to support the mission of SHIELD Mentor Program and will promote mentoring youth in my personal and professional life.

Give number of years you will be willing to serve on the board: _____ years.

PLEASE ATTACH A COPY OF YOUR RESUME TO THIS APPLICATION.

Applicant signature: _____ Date: _____

Witness: _____ Date: _____

Board Use only: Approved / Rejected Date: _____ Term exp. _____

Board Positions and years since approval:

THIS APPLICATION WILL BE KEPT ON FILE FOR A PERIOD OF ONE YEAR FROM DATE OF RECEIPT BY THE BOARD. SHOULD A VACANCY OCCUR ON THE BOARD TO WHICH YOU HAVE APPLIED YOU WILL BE NOTIFIED.