



Board of Directors Application

4445 Commerce Street, Suite 108
Evansville, IN 47710
812-425-9474, info@GrantedTriState.org

**Please return this application along with a copy of your resume
to the above address or email.**

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on
(business, civic, community, fraternal, political, professional, recreational, religious, social).

| Organization | Role/Title | Dates of Service |
|--------------|------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel Granted would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

- | | |
|----------------------------------|------------------------|
| Finance, accounting | Education, instruction |
| Personnel, human resources | Special events |
| Administration, management | Grant writing |
| Nonprofit experience | Fundraising |
| Community service | Outreach, advocacy |
| Policy development | Other _____ |
| Program evaluation | Other _____ |
| Public relations, communications | Other _____ |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of [name of org].

As an organization that deals directly with young children, Granted. requires that all prospective board members have a background check completed prior to their acceptance to our Board of Directors. This check is done at no cost to the applicant. Please complete the following information so that we may run this check.

First Name _____ Middle Name/Initial_____

Last Name _____ Maiden Name if applicable_____

Date of Birth _____

Drivers License Number _____ State of Issue: _____

I _____ understand that in order for my application
(Full Name)

To be considered as a prospective board member of Granted. I must agree to a background check. I hereby authorize Granted. and/or its agents to conduct a full background check. All information I have supplied on this application is true and current to the best of my knowledge.

Signature

Date

Thank you for applying