

Vermont Family Network's Board of Directors Application



Personal Information

Name:	
Home Address:	
Home #:	
Work #:	
Mobile #:	
Email:	

In case of an emergency, whom should we contact?

Name:	
Phone #:	

Employment/Professional History

List most recent employment, dating back to the last five years.

May we contact you at your current place of work?

Yes	No
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Business/Employer:	
Dates of Employment:	
Address:	
Phone #:	
Position/Title:	
Brief description of responsibilities:	
Business/Employer:	
Dates of Employment:	
Address:	
Phone #:	
Position/Title:	

Brief description of responsibilities:	
Business/Employer:	
Dates of Employment:	
Address:	
Phone #:	
Position/Title:	
Brief description of responsibilities:	

Volunteer History

List most recent experience, dating back to the last 5 years.

Organization Name:	
Address:	
Position and responsibilities:	
Supervisor's Name and Title:	
Phone #:	
Dates of Service:	
Organization Name:	
Address:	
Position and responsibilities:	
Supervisor's Name and Title:	
Phone #:	
Dates of Service:	
Organization Name:	
Address:	
Position and responsibilities:	
Supervisor's Name and Title:	
Phone #:	

Dates of Service:

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Have you ever been asked to relinquish a volunteer position?

Yes

No

If yes, please explain:

Personal Statement

Why are you interested in serving on VFN's Board of Directors?

What assets, skill sets, and experience will you bring to this board?

Do you have any family members who have special needs/a disability?

Yes

No

This may include childhood chronic illness; behavioral health needs; or educational needs that have required targeted interventions by the school. If yes, please let us know if Vermont Family Network can support you in any way.

If yes, what is your relationship with that family member?

References

Provide three non-family references.

Name:	
Address:	
Phone:	
Relationship:	
Email:	
Name:	
Address:	
Phone:	
Relationship:	
Email:	
Name:	
Address:	
Phone:	
Relationship:	

Email:

I have completed and reviewed this entire application and attest that the information I have provided is true.

I understand I will be subject to a criminal background check if I am accepted for this position.

Applicant's Signature:

Date:

Submitting the Application

To complete the application, include a copy of your resume and brief biography.

You may scan or return these components to info@vtfn.org or mail them to: Vermont Family Network, 600 Blair Park Road, Suite 240, Williston, VT 05495.



Confidentiality/ Conflict of Interest Agreement

I agree to treat confidentially all information discussed during my participation as a board member of Vermont Family Network.

I agree to notify board members (during a meeting) of any conflict between my interests and the interests of Vermont Family Network as soon as the conflict becomes apparent.

Applicant's Signature

Applicant's Name

Date