

Owens Educational Services, Inc.

Board of Director Application

Name _____ Phone _____

Address _____

Email Address: _____

Relevant Experience and/or Employment (attach a resume if relevant) _____

What do you know about our organization? _____

Why are you interested in our organization? _____

Area(s) of expertise/contribution you feel you can make _____

Other Volunteer Work and/or Commitment (please identify any potential conflict of interest with our organization): _____

Would you be able to pass the Child/Adult Abuse registry and other relevant background check information? _____

I hereby give permission for verification of my information as well as to submit my name for the essential clearances to serve as a Director. I certify that all statements made by me on this application are true to the best of my knowledge, and that I have not withheld any information that would, if disclosed, affect my application unfavorably.

I have read the Board Position Description and I can, with reasonable accommodation, perform what I believe to be the essential elements of the position for which I am applying. I understand and accept the principles and purposes of Owens Educational Services, Inc. as expressed in mission statement.

Applicant Signature

Date

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For Board Use

___ Nominee has had a personal meeting with either chief executive, board chair, or other board member. Date _____

___ Nominee reviewed by the committee. Date _____

___ Nominee attended a board meeting. Date _____

___ Nominee interviewed by the board. Date _____

___ Nominee attended Board Orientation Date _____

Action taken by the board:
