

Tennessee Community Resource Board

Board Member Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

E-mail Address _____ Phone: () _____

Emergency Contact: _____ Phone: () _____

Date Available: _____ Social Security No.: _____ Date of Birth: _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a registered volunteer for TDOC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a registered volunteer for BOPP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you work in academia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, in what field?	_____	
Have you ever worked for TDOC or BOPP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever served on the TCRB?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal or professional references that can speak to your volunteer efforts.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Employment Experience (Attach Resume)

Please list your most recent four employers:

Company: _____ City/State: _____

Job Title: _____ From: _____ To: _____

Company: _____ City/State: _____

Job Title: _____ From: _____ To: _____

Company: _____ City/State: _____

Job Title: _____ From: _____ To: _____

Company: _____ City/State: _____

Job Title: _____ From: _____ To: _____

Relevant Professional Skills

Please indicate whether or not you have served professionally in the following capacity:

CEO or Senior Executive	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Communications	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Event planning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Financial	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fundraising	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Grant writing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Information technology	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Legal	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Marketing	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Mental health	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ministry	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Nonprofit management	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Program evaluation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Small business owner/operator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Social work	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Volunteer management	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Other professional skills not listed above: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

The Tennessee Community Resource Board does not discriminate on the basis of race, color, religion, gender, national origin, age, or any other characteristic protected by law.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____