



Board Member Application

Thank you for expressing an interest in serving as a volunteer member of Hozhoni Foundation, Inc. Board of Directors.

There is an information packet enclosed that will tell you about the history, philosophy and, more specifically, about what we do at the Hozhoni Foundation, Inc.

All board members are expected to actively participate in board meetings, fund raising activities, and other Foundation related meeting / activities. Their commitment, professionalism and high ethical standards are vital to the stability and future of the Foundation and the population served.

GENERAL INFORMATION SECTION

In order to be considered as a board member, you must fill in the information below accurately and completely. The information in this packet will be reviewed by the current board members.

Name : _____
(Last) (Middle) First

Home Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Message Phone: _____

Cell Phone: _____ Email: _____

Have you ever been *convicted* of any Felony crime? Yes No

If "yes", when, where and what is the disposition of the case? _____

(A conviction will not be an absolute bar of consideration.)

VOLUNTEER / BOARD HISTORY SECTION

In the areas below, please list professional trade, business or civic organizations and any offices held, beginning with the most current and answer the following questions. If you need additional space, attach extra copies of the page needed. (Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or other protected status.)

Agency _____ Phone _____ Address _____ City _____ State _____ Zip _____ Title / Office Held _____ Duties _____ _____ Reason for Leaving _____	From ____ / ____ / ____ To ____ / ____ / ____ Contact Name _____ _____
Agency _____ Phone _____ Address _____ City _____ State _____ Zip _____ Title / Office Held _____ Duties _____ _____ Reason for Leaving _____	From ____ / ____ / ____ To ____ / ____ / ____ Contact Name _____ _____
Agency _____ Phone _____ Address _____ City _____ State _____ Zip _____ Title / Office Held _____ Duties _____ _____ Reason for Leaving _____	From ____ / ____ / ____ To ____ / ____ / ____ Contact Name _____ _____

What were your major accomplishments on boards and / or offices held in which you have participated in?

What do you believe to be your role as a board member?

What contributions do you believe you could make as a board member for the Foundation?

Why do you wish to serve as a board member for the Foundation?

What, if any involvement have you had with individuals with a developmental disability?

EMPLOYMENT HISTORY SECTION

In the area below, please list your most recent employment.

Employer _____ Phone _____	From ____ / ____ / ____
Address _____	To ____ / ____ / ____
City _____ State _____ Zip _____	Supervisor's Name
Job Title _____	_____
Duties _____	

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering our application.

REFERENCES

<i>List the name, address and telephone number of five references that are not related to you.</i>		
NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		

PLEASE READ CAREFULLY!

I certify that all of the information provided by me in this Board Member Application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that submission of this packet does not guarantee acceptance onto the Board of Directors. I hereby authorize the Company and/or its assigns to investigate my personal history and to obtain any information they have concerning me.

Please Print Name

Signature

Date

**Thank you for your interest in the Hozhoni Foundation. Please return completed packet to:
2133 N. Walgreen ST. Flagstaff, AZ 86004 ATTN: Mrs. Monica Attridge, CEO.**