



CHILD PROOF ADVICE
a non-profit 501(c)(3) organization

*"You make a living by what you get, you make a life by what you give."
Winston Churchill*

***Board of Director's
Membership Profile***

(Please print clearly; to be accepted, all sections must be completed)

Name _____

First

Last

Home Address _____

City _____ County _____ State _____ Zip Code _____

Telephone _____ Email _____

Work

Home

Mobile

Date of Birth : (Month/Day) _____

Your present or most recent career position : _____

Education and/or Training : _____

List prior and current positions with other Boards on which you have served: _____

List special skills or areas of interest you can share as a Board member : _____

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(Please print clearly; to be accepted, all sections must be completed)

What interest you most about serving on the Board of *Child Proof Advice* : _____

References: (minimum of three required – two professional and one personal)

Comments: _____

Emergency Contact Information:

Contact : _____ Relationship : _____

Emergency Address : _____

Emergency Telephone : Work _____ Mobile _____

Please read the following, sign and date this form :

I hereby give my consent for *Child Proof Advice* to share this information with others involved in the selection of Board members and for any reference or background checks that may be required. Further, I release *Child Proof Advice* from responsibility and financial obligation for any personal accident, injury or medical emergency that may develop while serving as a Board member for *Child Proof Advice*.

Applicant's Signature _____ Date _____

(Electronic signatures acceptable for this document)