



Board Member Application

Board Position			
<input type="checkbox"/> President	<input type="checkbox"/> Secretary	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Community Relations/Website
<input type="checkbox"/> Vice President	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Parent Participation Coordinator	
<input type="checkbox"/> Equipment Manager	<input type="checkbox"/> Registrar	<input type="checkbox"/> Parent-Coach Liaison/Field Mrshl	
<input type="checkbox"/> Cheer Coordinator	<input type="checkbox"/> Coach Coordinator	<input type="checkbox"/> Concessions	<input type="checkbox"/> Spirit Wear

Applicant Information			
Full Name: _____			Date: _____
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address: _____		_____	
<i>Street Address</i>		<i>Apartment/Unit #</i>	
_____		_____	_____
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone: _____	Email _____		

Experience	
* Will you have children in the program this year? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, state football/cheer, year and age division: _____	

* Have you served on the Jr. Falcon Board in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, state year and position you served as: _____	

* Do you have experience serving on other volunteer boards? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, state program, year and position: _____	

Availability	
* Are you available ALL Saturdays from mid-August through mid-November? <input type="checkbox"/> No <input type="checkbox"/> Yes	
* Are you available to participate in off-season fundraising events? (Crab Feed, 3 rd of July, Pioneer Day, etc) <input type="checkbox"/> No <input type="checkbox"/> Yes	
* Do you understand you are required to be at ALL home games from set up to break down? <input type="checkbox"/> No <input type="checkbox"/> Yes	
* Do you understand this is a volunteer position that requires full commitment? <input type="checkbox"/> No <input type="checkbox"/> Yes	
* Are you currently CPR/First Aid Certified? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Expiration date: _____	
* Are you willing to complete Concussion Certification? <input type="checkbox"/> No <input type="checkbox"/> Yes	
* Are you willing to complete a background check and LiveScan? <input type="checkbox"/> No <input type="checkbox"/> Yes	
* Are you available for monthly meetings from 6:00pm-9:00pm? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Skills

Do you have previous volunteer experience? ___ No ___ Yes

If yes, please provide a brief description of your involvement: _____

Please list other experience and/or skills that should be considered: _____

Explain why you want to serve on the board for the Jr. Falcons program: _____

References

* Name: _____ Phone Number: _____

Relationship: _____ May we contact? ___ Yes ___ No

* Name: _____ Phone Number: _____

Relationship: _____ May we contact? ___ Yes ___ No

* Name: _____ Phone Number: _____

Relationship: _____ May we contact? ___ Yes ___ No

Disclaimer and Signature

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

If this application leads to being a part of the Colfax Jr. Falcons program, I understand that false or misleading information in my application may result in my immediate release from the Colfax Jr. Falcons Board.

By signing below, I agree to attend ALL home games, and be present from set up to break down which is estimated to be a 12 hour, or more, day.

Signature: _____ Date: _____