Mentor Of Valor Empowered™
Board of Directors Application

First Name | **Middle Initial** | **Last Name** | **Maiden Name (if applicable)**

Street Address & Apt Number (NO PO Boxes Please) | **City** | **State** | **Zip Code**

Home Phone: _____ **Cell Phone:** _____ **E-mail Address:** _____

Best time to be reached _____

Please describe any other memberships on boards or committees that you have had during the last 5 years (such as bar associations, professional associations or city or county government.

Organization Name	Contact Person	Address	Phone

Name of the person, organization, or resource who referred you.

Please list below the name, address, and telephone numbers of people willing to serve as a reference for you. By listing these names on this form and submitting it to the current Board of Directors, you give permission for us to check with those references. We request that you include at least 3 references who can verify your personal background.

Name	Address	Email Address	Contact Number

We require that your provide a personal written statement that addresses the following: <u>your personal reason</u> for wanting to serve on the Board of Directors of this corporation; <u>a statement of support</u> for this corporation's purposes; and a <u>statement of personal background</u>, including any talents, experience, affiliations, and other resources that can contribute to the function of the Board. Please attach your personal written statement to this completed form.

The above information is correct to the best of my knowledge. I understand that any false information may be considered grounds for rejection of my application or dismissal from Board of Directors. No applicants are rejected due to sex, race, creed, color, or national origin.

Signature *(Form may be signed at time of interview.)* **Date**