



## ROOTS AND WINGS CHILD DEVELOPMENT BOARD MEMBER APPLICATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Are you currently employed? Y / N

Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

If retired, last employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

### SECONDARY EDUCATION:

School: \_\_\_\_\_ Major: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

### PREVIOUS/CURRENT ORGANIZATIONAL AFFILIATIONS:

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Please give a brief explanation for your interest in joining our Board: \_\_\_\_\_

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Which of your skills would you like to utilize on the Board? Please check those that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board Development   | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Strategic Planning  | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Staffing/HR         | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Volunteer Management  |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Public Relations     | <input type="checkbox"/> Facilities Management |

*\* Continue on back*

Other skill(s) of yours that you would like to utilize: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Roots and Wings Child Development requires all Board Members to complete a background check through the State of Oregon. Have you previously completed a background check through the State of Oregon?

Circle one: **YES / NO** If yes, date completed: \_\_\_\_\_

**PLEASE PROVIDE THREE REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to volunteer to assist our organization in other ways that match your skills and interests?

☐ YES ☐ NO ☐ MAYBE

**By joining the Board, you agree to attend ALL the Board and Committee meetings held bi-monthly, and that you do not have any conflict of interest in participating on the Board.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit your application to the front office or email to [rwboard@rootsandwingspreschool.org](mailto:rwboard@rootsandwingspreschool.org). You may also mail it to 3703 International Way, Medford OR 97504. Please put it to the attention of the President of the Board.

Roots and Wings Child Development  
3703 International Way, Medford OR 97504  
(541) 779-3544  
[info@rootsandwingspreschool.org](mailto:info@rootsandwingspreschool.org)