



BOARD OF DIRECTORS APPLICATION

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: (HOME) _____ (CELL) _____

EMAIL: _____

DATE OF BIRTH: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Y N

MARITAL STATUS: SINGLE MARRIED WIDOW(ER) SEPARATED/DIVORCED

HIGHEST LEVEL OF EDUCATION COMPLETED: _____

HOME CHURCH: _____

I AM INTERESTED IN LIGHT HOUSE STATION BECAUSE _____

I FEEL I WOULD CONTRIBUTE LIGHT HOUSE STATION'S BOARD BY _____

BRIEFLY DESCRIBE YOUR RELATIONSHIP WITH GOD _____

HOW DO YOU FEEL ABOUT THE CHOICE OF ABORTION VERSUS PREGNANCY?

EXPERIENCE

ARE YOU CURRENTLY EMPLOYED? PART TIME FULL TIME

WHERE? _____

PREVIOUS VOLUNTEER EXPERIENCE

1. ORGANIZATION _____ DATES OF SERVICE _____
ADDRESS _____ PHONE NUMBER _____
POSITION / DUTIES: _____

2. ORGANIZATION _____ DATES OF SERVICE _____
ADDRESS _____ PHONE NUMBER _____
POSITION / DUTIES: _____

REFERENCES (Name, address, phone number, years known, relationship)

1. (Pastor) _____

2. (Professional) _____

3. (Personal) _____

I understand that a Board of Directors position carries responsibility to attend the meetings to the best of my ability for the duration of my two year term. I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize Light House Station to verify their accuracy and to obtain information concerning my character and capabilities. If I become a member at Light House Station, I agree to adhere to its policies and rules, including those rules relating to maintaining client confidentiality. I am not seeking nor expecting to receive any compensation or benefits in return for any volunteer services which I provide for this ministry.

Signature

Date