BOARD APPLICATION

The selection of new members will depend upon the availability of a position on the Board of Directors. The chILD Foundation's goal is to select individuals with good standing in the community. We will strive to elect chILD Foundation Board members with respect to our core values, mission and vision.

Applicants for chILD Foundation Board membership are required to complete the following application and return it to:

The chILD Foundation 1129 Robinhood Lane Norman, OK 73072 Phone: 405-550-2979 or e-mail to Ann Gettys at agettys@child-foundation.com

Na	ime			Work Place			
Address				Position			
City		State Zip		Address			
Phone		Fax		City	State	Zip	
Email				Wk. Phone	Wk. Fax		
				Wk. Email (if different)			
1. Please attach a brief resume to this application.			n.				
2.	Explain why you wish to join	the chILD Four	ndation and activ	vely participate in its function	ons.		
3.	3. What special knowledge/qualities/expertise do you bring to The chILD Foundation that would help to support the goals and mission of the Foundation?						
	inission of the Foundation:						
4.	How have you previously cont	ributed to The cl	hILD Foundatio	n (financially, volunteer wo	ork, fund-raising, raise	awareness, etc.)?	

5. Give details of current knowledg	ge of chILD Fou	undation-related	activities.						
6. Please list your involvement in other organizations:									
Past			Present						
7. Are you involved in any activities that could be construed as a conflict of interest? No Yes If yes, explain:									
 8. Are you available for evening conference calls? Yes Are you available during the daytime for calls? Yes No No Please explain any limitations or restrictions: 									
9. Are you willing to travel to Chicago or other locations for board meetings? (Thursday or Friday evening to Sunday noon)									
10. Please list two (2) additional	references:		Work Place						
Name			Position						
Address			Address						
City	State	Zip	City	State	Zip				
Phone	Fax		Wk. Phone	Wk. Fax					
Email			Wk. Email						
			Work Place						
Name			Position						
Address			Address						
City	State	Zip	City	State	Zip				
Phone Fax		1	Wk. Phone	Wk. Fax					
Email			Wk. Email						

Additional Comments: (Optional)						

As an active board member I am willing to commit additional time as needed.

Signature of Applicant