**Free Women’s Center of Pulaski County**

704 Historic Route 66 West, Suite 106

Waynesville, MO 65584

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| --- | --- |
| Board of Directors Candidate Application |  |

## Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal** | | | |
| Date |  | | |
| Name |  | | |
| Address |  | | |
| Home Phone |  | | |
| Work Phone |  | | |
| Mobile Phone |  | | |
| Email Address |  | | |
|  | | | |
| **Employer** | | | |
| Your Title |  | | |
| Address |  | | |
| Phone |  | | |
| Email |  | | |
| Type of Business |  | | |
| Primary service(s) |  | | |
| Area/population served |  | | |
| **Please list boards and committees on which you currently serve or have served in the past**  (business, civic, community, fraternal, political, professional, recreational, religious, social) | | | |
| **Organization Name** | | **Role/Title** | **Dates of Service** |
|  | |  |  |
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| **Education/Training/Certificates** | | | |
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## Preferred Method of Contact

|  |  |
| --- | --- |
| Work Phone |  |
| Residence Phone |  |
| Mobile |  |

## Are you willing to affirm FWC’s Statement of Faith and Christian Unity?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

## Can you regularly attend scheduled board meetings and FWC fundraising events?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

## Which committee would you like to serve as a member?

|  |  |
| --- | --- |
| Personnel |  |
| Facilities |  |
| Legal |  |
| Transportation |  |

## What Church Community are you currently a member?

|  |  |
| --- | --- |
|  |  |

## Education / Experience

|  |  |
| --- | --- |
| Finance | Grant Writing |
| Accounting | Fundraising |
| Personnel | Outreach |
| Human Resources | Advocacy |
| Administration | Program Evaluation |
| Management | Public Relations |
| Nonprofit Experience | Communications |
| Community Service | Special Events |
| Policy Development | Health Care |
| Legal Expertise | Facilities Management |
|  |  |
|  |  |
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## What are your views on birth control and abortion? When do you feel that sex is permissible outside of marriage?

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| --- |
|  |

## What choices do you feel should be available for a woman with an unplanned pregnancy?

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| --- |
|  |

## Are there any local businesses/organizations to which you could serve as liaison on behalf of FWC?

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## How do you feel the Free Women’s Center of Pulaski County would benefit from your involvement on the Board?

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| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Thank you very much for applying. We appreciate your interest in our organization.

### **Please, send your completed application to:** [**info@freewomenscenter.com**](mailto:info@freewomenscenter.com)**.**