**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

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| --- |
| **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?

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

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

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

## What Church Community are you currently a member?

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| --- | --- |
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## 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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## The FWC Board believes the use of artificial birth control by single persons contributes to these damaging effects: unplanned pregnancies, the (mostly unintended) abortion of babies, spread of sexually transmitted diseases and infections, social ostracization of young women, and spiritual fracture (anxiety, depression, and brokenness). The FWC Board further acknowledges the damaging and abortifacient effects through the use of hormonal birth control.  The FWC always teach clients that abstinence is the positive life choice for all unmarried persons.  Are you willing and able to support these beliefs?

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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****.**