



Board Member Application

Name _____ DOB: ____/____/____

(Please place a \checkmark in the box beside the address, phone, fax and email you would like us to use)

Home Address:

Home Phone: _____

Home Fax: _____

Home Email: _____

Work Address:

Work Phone: _____

Work Fax: _____

Work Email: _____

Spouse: _____

Children/Ages: _____

Affiliations

Education

High School: _____ Class of _____

Undergraduate: _____ Class of _____

Graduate: _____ Class of _____

Other: _____ Year _____

Business/Civic/Social Clubs (Please list any offices held or awards received)

Religious Affiliations (Church/Synagogue/Mosque/Temple membership): _____

Board Memberships (Current and Past. Please list years of involvement). _____

Political Contacts: _____



1) What nonprofit or volunteer activities have you been involved with?

2) How do you feel you can benefit ULTRA Teen Choice through your role as a board member?

3) What particular issue, opportunity or problem do you feel is crucial in helping ULTRA Teen Choice?

4) Do you agree that abstinence from sex before marriage is the healthiest choice for young people? Please explain.

4) What role do you feel the board of directors should play in the work of ULTRA Teen Choice?

5) What excites you about the work of ULTRA Teen Choice?

6) Nonprofit Organization References:

Name/Relationship

Address/Phone Number

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Signature of Applicant

Date