



Community Lifeline Center Board Member Application

Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Preferred E-Mail Address	

A background check is also required in being considered as a board member. Your help in providing the \$10.00 cost to cover this fee helps reduce our administrative costs. Make check payable to **Community Lifeline Center** and attach with application.

What strengths and skills do you offer as a potential board member?

What is your experience or knowledge of CLC's mission and programs?

Why do you wish to join the Board of Directors of CLC?

CLC is currently developing various committees run by the Board of Directors. On which committees would you be interested in serving (e.g. Governance, Finance, Development, Ad Hoc)?

Please share any other information that you believe would be helpful for CLC to know about you and your interest in serving on the Board of Directors.

Areas of Expertise (Please check ALL that apply):

Administration/Management	<input type="checkbox"/>	Government	<input type="checkbox"/>
Entrepreneurship	<input type="checkbox"/>	Law	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>
Banking	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>
Communications	<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Technology	<input type="checkbox"/>

Age Range: Under 35 _____ 35-55 _____ 55-Over _____

Gender: Male _____ Female _____

Race/Ethnicity (please circle one):

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Volunteer Activity and Service on Other Nonprofit Boards:

Community Connections (please check ALL that apply):

Media	<input type="checkbox"/>	Business Leaders	<input type="checkbox"/>	Clergy-Collin County	<input type="checkbox"/>
Political	<input type="checkbox"/>	Community Volunteers	<input type="checkbox"/>	Civic Organizations	<input type="checkbox"/>
Philanthropy	<input type="checkbox"/>	Clergy-McKinney	<input type="checkbox"/>	Community Colleges	<input type="checkbox"/>

Civic and Professional Affiliations & Awards:

Education (school/degree): _____

Church you attend (name/city): _____

Would you be willing to share information about CLC with your church?

Yes _____ No _____

Any other information that you would like to add:

Personal Style and Interpersonal Skills (Please check ALL that apply):

Leadership		Conciliator and Bridge Builder		Problem Solver	
Generalist		Challenges the Assumptions		Advocate	
Detailed		Copes with Risk Taking		Visionary	
Strategist/Strategic Thinker		Overcomes Adversity		Planner	
Tactical Thinker		Thinks outside the Box		Creative	

Name (printed)	
Signature	
Date	

Community Lifeline Center, Inc.

Release

I, _____, agree to hold Community Lifeline Center, Inc. harmless for any and all liability due to any injury sustained by me while performing any and all activities associated with my volunteer duties with Community Lifeline Center, Inc.

I have been informed and understand that as a volunteer for Community Lifeline Center, Inc., I may not use any motorized vehicle in the performance of volunteer activities.

In case of emergency, please notify:

Name

Signature

Date

Witness Signature

Date

Printed Name

Witness Printed Name

Street Address

City

State

Zip Code

Phone Number

Community Lifeline Center, Inc.

Conflict of Interest Statement and Abstention Record

Each officer, director, and committee member of the Community Lifeline Center, Inc. ("CLC") shall scrupulously avoid conflicts of interest between his or her personal, professional, or business interests and the interests of CLC in any and all actions taken by him or her on behalf of CLC in his or her respective capacity.

In the event that any officer, director, or committee member of CLC has any direct or indirect conflict of interest in, or relationship with, any individual or organization which proposes to enter into any transaction(s) with CLC, including, but not limited to, transactions involving:

1. the sale, purchase, lease, or rental of any property or other asset;
2. employment or rendition of services, personal or otherwise;
3. the award of any grant, contract, or subcontract; and/or,
4. the investment or deposit of any funds of CLC;

such person shall give notice of such interest or relationship and shall thereafter refrain from discussing or voting on the particular transaction in which he or she has an interest and shall refrain from otherwise attempting to exert any influence on CLC with regard to participation in such transaction.

Disclosure of Conflict(s) and Record of Abstention

As an officer, director, or committee member of CLC, the following is a record of my disclosure of a direct or indirect conflict of interest and abstention from discussion and voting on any transaction involving such conflict of interest.

CONFLICT(S):

Signature

Date

Printed Name

Community Lifeline Center, Inc.

Pledge of Confidentiality

I understand that, in the course of my association with Community Lifeline Center, Inc. ("CLC") I will learn information about persons who are in need of emergency assistance as well as about the officers, directors, committee members, and/or employees of CLC. I understand that this information is to be held in the strictest confidence and is not to be discussed with anyone except the employees and/or members of the Board of Directors of CLC.

I pledge to keep the aforementioned information confidential as a condition of my association with CLC. I understand that a breach of this confidentiality will result in my immediate termination as an officer, director, committee member, employee, or volunteer of CLC.

Signature

Date

Witness Signature

Date

Printed Name

Witness Printed Name



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Community Lifeline Center		
Contact Name Brian Marques			
Agency's Main Phone Number 972-542-0020		Agency's Fax Number 214-491-1944	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)			Maiden or Other Name(s) Used	
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize VERIFIY and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFIY and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)