SRPMIC EDUCATION BOARD

APPLICATION FOR BOARD MEMBER

IF APPOINTED, COMPLETE DRUG SCREENING, BACKGROUND CHECK AND FINGERPRINT CLEARANCE ARE REQUIRED.

Full Name:_____ **Date:**_____

Address:_____

Home Phone: (____)_____ **Cell Phone:** (____)_____

Are you an enrolled SRPMIC member? ☐ Yes ☐ No **Census/Enrollment #:**_____

Have you ever been convicted of Crimes against Persons? ☐ Yes ☐ No (*use separate sheet to explain*)

Submitting application for: ☐ Regular Board Member ☐ Professional Board Member
(must hold a college degree from a 4-year accredited university)

EDUCATION:

High School:_____ **College/Technical Institution:**_____

Degree:_____

EMPLOYMENT:

Are you currently employed? ☐ Yes ☐ No **If so, where:**_____

May we contact you at work? ☐ Yes ☐ No **Work Phone:** (____)_____

Occasionally, Education issues require immediate attention; is your employer/supervisor willing to allow time-off to address Education Board duties? (Explain in detail)

_____

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EDUCATION STATEMENT

IN HANDWRITTEN FORM ADDRESS THE FOLLOWING. (USE ADDITIONAL SHEET IF NECESSARY)

- *Why you desire to become a Board Member*
- *Your philosophy of education*
- *Any unique qualities or skills you have that would contribute to your success as a Board Member*

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Signature: _____ Date: _____