



PO Box 582, West Bend, WI 53095 262-334-3384 [www.cawash.org](http://www.cawash.org)  
Complete this application and save it as a WORD or PDF file.  
You may send the file to: [edcawash@gmail.com](mailto:edcawash@gmail.com)

### BOARD OF DIRECTORS INFORMATION

(Revised 5/22)

Name \_\_\_\_\_  
First M. Initial Last

Preferred name or nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone  
(day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Occupation \_\_\_\_\_

Current Employer  
\_\_\_\_\_

Business Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Where do you wish to receive phone calls? Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_

E-Mail address \_\_\_\_\_

If retired, most recent position: \_\_\_\_\_

Education and Professional Background: \_\_\_\_\_

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If you are a NEW Board member, any previous Citizen Advocates  
experience: \_\_\_\_\_

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List any organizations of which you have been a member or volunteer.

| Dates | Organization | Activities Involved In |
|-------|--------------|------------------------|
|-------|--------------|------------------------|

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**INTERESTS**

Please indicate your interest in serving on the committees listed below  
by putting an "x" in the first column.

- Finance & Support Development
- Fundraising Events
- Board Development
- Strategic Plan/Policy
- Program Support

Comments on Committee preferences:

The board typically meets on the 2<sup>nd</sup> Monday evening of the month, are you able to meet then? Y / N

Please share why you want to be a part of Citizen Advocates?

Do you have any personal goals you would like to accomplish in your work with Citizen Advocates this year?

**Background Information Consent Form**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? \_\_\_\_\_

If "Yes" please provide date(s) and details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Answering "yes" to this question does not constitute an automatic bar to becoming a board member. Factors such as date of offense, seriousness and nature of violation, rehabilitation, and position applied for will be taken into account.)

*"I hereby agree to release the above mentioned information to Citizen Advocates of Washington County, Inc. for the sole purpose of completing a background check:*

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Background Check Completed: \_\_\_\_ Yes \_\_\_\_ No Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed By: \_\_\_\_\_

Results: \_\_\_\_ Acceptable \_\_\_\_ Unacceptable

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_