

BOARD OF DIRECTORS NOMINEE BIOGRAPHICAL DATA FORM

Please complete this fillable form

PERSONAL INFORMATION		
First:		
Middle:		
Last:		
Title:		
Name of spouse or significant other:		
Preferred e-mail address:		
Street:		
City:		
State:	Zip:	
Phone:	Cell:	
BUSINESS INFORMATION		
Employer:		
Position/Title:		
Street:		
City:		
State:	Zip:	
Phone:	Cell:	



Degree: University: Major: Degree: University: Major: BACKGROUND □Accounting □Banking □Investment □Sales □Management □Psychiatry □Public Relations □Personnel □Law □Labor Relations □Fundraising □Government □Education □Child Development □Social Work □Psychology □Other: PLEASE LIST CURRENT AND PAST CIVIC/COMMUNITY VOLUNTEER SERVICE(S): PLEASE LIST OTHER INFORMATION YOU FEEL WOULD BE BENEFICIAL IN YOUR NOMINATION FOR SERVICE ON OUR BOARD: NOMINATION DETAILS Nominated by: Date: Street: City: State: Zip: If nominated by someone other than self, has the nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve? ELECTRONIC TYPED SIGNATURE DATE SIGNED	EDUCATION INFORMATION		
Major: Degree: University: Major: BACKGROUND □Accounting □Banking □Investment □Sales □Management □Psychiatry □Public Relations □Personnel □Law □Labor Relations □Fundraising □Government □Education □Child Development □Social Work □Psychology □Other: PLEASE LIST CURRENT AND PAST CIVIC/COMMUNITY VOLUNTEER SERVICE(S): PLEASE LIST OTHER INFORMATION YOU FEEL WOULD BE BENEFICIAL IN YOUR NOMINATION FOR SERVICE ON OUR BOARD: NOMINATION DETAILS Nominated by: Date: Street: City: Street: City: Street: Zip: If nominated by someone other than self, has the nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve?	Degree:		
Degree: University: Major: BACKGROUND	University:		
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PLEASE LIST INTEREST AND/OR EXPERIENCE IN WORKING WITH CHILDREN WITH PSYCHIATRIC PROBLEMS: PLEASE LIST OTHER INFORMATION YOU FEEL WOULD BE BENEFICIAL IN YOUR NOMINATION FOR SERVICE ON OUR BOARD: NOMINATION DETAILS Nominated by: Date: Street: City: State: Zip: If nominated by someone other than self, has the nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve?	□Personnel □Law □Labor Relations □Fundraising □Government □Education		
SERVICE ON OUR BOARD: NOMINATION DETAILS Nominated by: Date: Street: City: State: Zip: If nominated by someone other than self, has the nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve?	PLEASE LIST INTEREST AND/OR EXPERIENCE IN WORKING WITH CHILDREN WITH PSYCHIATRIC		
Nominated by: Date: Street: City: State: Zip: If nominated by someone other than sthe nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve?			
Street: City: State: Zip: If nominated by someone other than self, has the nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve?	NOMINATION DETAILS		
State: Zip: If nominated by someone other than self, has the nominee granted consent that his/her name may be submitted: If elected, is the nominee willing to serve?	Nominated by:	Date:	
be submitted: If elected, is the nominee willing to serve?			
ELECTRONIC TYPED SIGNATURE DATE SIGNED	If elected, is the nominee willing to serve?		
	ELECTRONIC TYPED SIGNATURE DA	TE SIGNED	

PLEASE EMAIL THIS COMPLETED APPLICATION TO: ShauneseyK@bgvillage.org KIM SHAUNESEY, PH.D. PRESIDENT & CEO