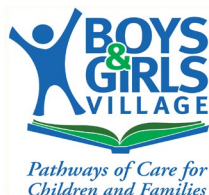


BOARD OF DIRECTORS NOMINEE BIOGRAPHICAL DATA FORM

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:



EDUCATION INFORMATION	
Degree:	
University:	
Major:	
Degree:	
University:	
Major:	
BACKGROUND	
<input type="checkbox"/> Accounting <input type="checkbox"/> Banking <input type="checkbox"/> Investment <input type="checkbox"/> Sales <input type="checkbox"/> Management <input type="checkbox"/> Psychiatry <input type="checkbox"/> Public Relations <input type="checkbox"/> Personnel <input type="checkbox"/> Law <input type="checkbox"/> Labor Relations <input type="checkbox"/> Fundraising <input type="checkbox"/> Government <input type="checkbox"/> Education <input type="checkbox"/> Child Development <input type="checkbox"/> Social Work <input type="checkbox"/> Psychology <input type="checkbox"/> Other:	
PLEASE LIST CURRENT AND PAST CIVIC/COMMUNITY VOLUNTEER SERVICE(S):	
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?	
ELECTRONIC TYPED SIGNATURE	DATE SIGNED

**PLEASE EMAIL THIS COMPLETED APPLICATION TO: Harker_Carol@icloud.com,
Carol Harker, BGV Board Chair**