



# Board Member Application

*Instructions for Applicants: Thank you for your interest in serving on the Board of Directors for the SouthShore Sober Club. We appreciate your willingness to volunteer for this role. Please complete this form truthfully, and in its entirety. All information is confidential and used solely for vetting and compliance purposes.*

## Section 1: Personal Information

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (For background check purposes only)

Race or Ethnicity: \_\_\_\_\_ (For compliance purposes only)

## Section 2: Recovery

*You are not required to be a member of any 12 step program, but we do ask that you self-identify your recovery status. This information is confidential and used exclusively for Class A or B Board membership identification:*

Are you in recovery? YES NO Substance: \_\_\_\_\_ Years of Sobriety: \_\_\_\_\_

Are you a member of a 12 step program? YES NO Program: \_\_\_\_\_

If you are not in recovery, do you know someone in recovery? YES NO

Relationship: \_\_\_\_\_

Tell us a little more about your personal experience, or that of a loved one, with recovery and why you would like to volunteer on the Board of Directors:



### Section 3: Professional and Volunteer Experience

Have you ever **owned** a business?    YES                      NO

Business Name: \_\_\_\_\_

# of Years in Business: \_\_\_\_\_

Have you ever held a leadership role in a **business**?                      YES                      NO

Business Name: \_\_\_\_\_

# of Years in Business: \_\_\_\_\_

Have you ever held a leadership role in a **non-profit**?                      YES                      NO

Business Name: \_\_\_\_\_

# of Years in Business: \_\_\_\_\_

Please list any relevant experience that you feel would enhance your role as a Board member:

Please list your Education and/or Certifications:

### Section 4: Motivation and Fit

How do you believe you can contribute to our mission?

Are there any potential conflicts of interest? *A copy of our ByLaws and Conflict of Interest Policy is available on our website, for your review.*

What talents do you have that you feel would be beneficial to support our mission?



## Section 5: References

Provide contact information for at least two professional or personal references (not family):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 6: Consent and Signature

- Have you ever been convicted of a felony or a crime of dishonesty?      YES      NO

If yes, please explain further:

Date:

Charge:

Details:

- I consent to a background check.
- I understand there is a two year commitment to serve on the Board of Directors and will honor that time commitment, attendance requirements, and the duties required.
- I have read and understand the Board Bylaws and Conflict of Interest Policy.
- I affirm that all information provided is truthful and accurate. I understand that misrepresentation will be cause for dismissal.

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

**Submit this form, via email to [SouthShoreSoberClub@gmail.com](mailto:SouthShoreSoberClub@gmail.com).**