



Board/Committee Member Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Employed Since: _____

Title: _____

Job Responsibilities: _____

Work Phone: _____ Fax: _____

Work Email: _____

Education (Degree & University): _____

Other background information you would like to share with us: _____

1. Briefly tell us about your personal interests (hobbies, activities, etc.).

2. Briefly tell us about your family and how long you have lived in this community.

3. Have you ever, or are you currently involved with our program as a Big Brother, Big Sister, or Parent?

a. If yes, how long have you been (or were you) involved with the program?

b. Briefly tell us about your experiences (positive and negative).

4. Please describe any current or previous organizational and Board or Committee involvements.

5. How did you hear about our organization?

6. What deciding factor made you consider becoming a BBBS Board or Committee Member?

7. As a Board or Committee Member, what personal values or strengths do you hope to bring to the agency?

8. As a Board or Committee Member, what do you hope to learn from the agency?

Additional comments or questions: _____

Signature: _____ Date: _____

Thank you for your interest in Big Brothers Big Sisters! Please return the completed application to the address below. The Executive Director, Board President, or a Nomination Committee Member will be in contact with you soon.

Big Brothers Big Sisters of South Central WI (Dodge, Jefferson, Rock & Walworth Counties)
Attn: Executive Director or Board President
PO Box 655
Delavan, WI 53115



Board/Committee Member Background Check Information

The information below is used for background checks with local, state, and national databases. This page will be removed from your application before being shared with the selection committee. If you have any questions about this portion of your application, please contact the Executive Director at 262-728-8865.

Name: _____ Maiden Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

From when: _____ till: _____

States you have lived as an adult prior to those listed above: _____
