

Cornerstone Board of Directors' Committee & School Improvement Team Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Children at CCA-CFA/Grades Levels?	
If no Students at CCA-CFA Other affiliation to school?	

Availability

Committees meet each month from July – June. Committee commitment is for 2 years. Please indicate your availability.

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Which committee are you interested in serving.

- Academic Accountability
 Facility
 Finance
 Governance
 High School Planning
 School Improvement

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities that are applicable to the committee you are willing to serve. See the committee Description for more information. Attach additional information and or resume if desired.

Previous Cornerstone Volunteer Experience

Have you ever served on a Cornerstone Board Committee or on the School Improvement Team _____

If yes, which committee and when? _____

Did you complete your term? _____ If no, why? _____

Is any member of your immediate member employed by CCA-CFA? _____ if yes who _____

Are you willing to sign a Conflict of Interest Statement and Confidentiality Agreement? _____

Have you completed a CCA-CFA Volunteer Background check within the past 24 months? _____

Summarize your other previous volunteer experience. Attach additional sheets if necessary.

Our Policy

Applications for the committees of the Board of Directors are reviewed by Board Committees and recommendations are made by the committee to the Full Board of Directors for approval. The Board of Directors will vote in an Open Meeting on the approval of all applications to Board Committees.

CCA-CFA complies with state and federal equal opportunity statues. The Board of Directors will ensure that no applicant will experience discrimination based on race, creed, color, religion, national origin, sex, age, marital status, physical handicap, sexual orientation or disability. Our statement does not extend any rights beyond those granted by the state and federal laws.

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am selected to serve on a Board Committee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

For Internal Use Only

___ Reviewed by the Board of Directors _____ Committee: Date: _____

___ Recommended ___ Not Recommended for the _____ Committee

___ Background check completed: Date _____

___ Signed Confidentiality Agreement ___ Signed Conflict of Interest Agreement

___ Appointment to _____ Committee by the Board of Directors, Date _____

Signed: _____ Date _____