



ALLIANCE FOR COMMUNITY TRANSFORMATIONS

PO Box 2075, Mariposa, CA 95338, (209) 742-6456, www.alliance4community.org

Dear Community Member,

Thank you for your interest in serving on the Board of Directors for the Alliance for Community Transformations. Our organization is doing incredible work and this work would not be possible without the support of community volunteers who serve on our governing board.

Please take a few minutes to complete this board member application.

Once we receive your completed application, it will be forwarded to our board's Board Development Committee and a representative will be in contact with you regarding next steps.

Please be aware that your acceptance as a board member is contingent upon our organization's need and satisfactory results from a background clearance.

Again, thank you for considering a role in our organization and the work we do in our Mariposa and Merced communities. If you have any questions, please contact 209-742-6456 or Board@alliance4you.org.

Sincerely,

Alliance for Community Transformations Board of Directors

Please return completed application to [**Board@alliance4community.org**](mailto:Board@alliance4community.org)





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Application for Membership Alliance for Community Transformations Board of Directors

The information on this form will help us assess your qualifications to serve on the Board of Directors of the Alliance for Community Transformations. Please complete all sections of the application. Information provided by you will be kept confidential.

Community individuals shall be recruited and accepted to serve on the Alliance board without regard to age (21 years or older), race, ethnicity, national origin (ancestry), color, religion (creed), gender, gender expression, sexual orientation, disability or physical challenge, or any other prohibited basis in accordance with federal, state, and local laws. No question on this form is intended to secure information to be used for such discrimination.

Name _____ Date _____

Home Address _____

Phone Numbers: home _____ work _____ cell _____

E-mail address _____

Are you 21 years or older? Yes No

Employment

If employed, Employer's Name/Company Name _____

Job Title _____





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How did you first hear about the Alliance?

Explain why you wish to serve on the Board of Directors.

Have you served or are you presently serving on other nonprofit organization boards or committees? If so, please list them and any offices you held or currently hold:





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Requirements for Board Members

To be in compliance with multiple funders, we require board members to:

- Obtain a background check (DOJ, FBI, CACI)
- Provide social security number
- Notify the organization of potential conflicts of interest annually
- Sign Confidentiality document

I understand the requirements as a board member. All information gathered from a background check will be handled confidentially and knowledge will be limited to the Deputy Director, Executive Director, and Board Chair as necessary. Past justice involvement does not prohibit Board Membership.

Printed Full Name

Signature

Date

