

**THE OPEN SCHOOL
BOARD OF DIRECTORS APPLICATION**

All applicants for the Board of Directors will be asked to attend the board meeting at which their application is being considered for approval.

Name: _____ E-Mail Address: _____

Address: _____ Preferred Phone: _____

Names(s) of Child(ren) in Attendance (if any): _____

*Can you generally attend one monthly evening Board meeting? YES NO

Are you a convicted felon? YES NO

Have you ever been convicted of any crime involving a child under the age of 18 or related to children in any way? YES NO If Yes, please explain: _____

Please describe your reason(s) for applying to serve on the Board: _____

Please describe any affiliation/friendship/relationship with any Staff at The Open School (including Teachers, Aides, Director, etc.): _____

Any additional information relevant to the Board's consideration of your Application: _____

By signing this form, you are acknowledging that you have received a copy of the Board Handbook and have had a chance to review and ask any questions concerning the roles and responsibilities of a Board member. You are also consenting to a background check to ensure the appropriateness of your appointment to the Board of Directors for The Open School.

Signature

Date

Name (Printed)

**If needed, childcare will be provided during Board meetings.*