



# Springfield Police Foundation Board of Directors Candidate Application

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell/Home \_\_\_\_\_ Email \_\_\_\_\_

**The following information is needed in order to perform a background check and will be kept strictly confidential:**

DOB \_\_\_\_\_ SSN \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Cell/Home \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Contact:     Work     Cell/Home     Email Work/Home

Please list boards and committees on which you serve or have served:  
*(business, civic, community, fraternal, political, professional, recreational, religious, social)*

ORGANIZATION	ROLE/TITLE	DATES OF SERVICE

How do you feel SPF would benefit from your involvement on the board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION AND SIGNATURE:**

*By signing this application below, you authorize us to perform a background check. You also authorize us to contact you via the preferred method that you noted above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please email your completed application to: [springfieldpolicefoundation@gmail.com](mailto:springfieldpolicefoundation@gmail.com). Thank you for applying!**

**For Internal Use Only:**

Date Received \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Install Date \_\_\_\_\_