



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. Thank you for applying!

For Internal Use Only:
Date Received _____ Approved/Denied Date _____ Install Date _____