

BOARD MEMBER APPLICATION

The Kyrene Foundation's mission is to serve and provide resources for children and their families in the Kyrene community.



Please submit applications to:

Contact@kyrenefoundation.org

(Please type)

www.kyrene.org

NAME

Last First Middle

HOME ADDRESS

Street City Zip

CELL PHONE (_____)-----

PREFERRED
EMAIL-----

How did you find out about the Kyrene Foundation?

Have you previously volunteered for the Kyrene Foundation? (When/How?)

EMPLOYMENT HISTORY

PRESENT EMPLOYER _____ HIRE
DATE _____

PRESENT TITLE/POSITION _____ SINCE

ADDRESS

Street City Zip

KYRENE ASSOCIATION

Did you attend Kyrene? _____ If so, please list the school(s) and years of attendance

Do you live in the Kyrene boundaries? _____ Do you work in the Kyrene
boundaries? _____

Do (or did) your children attend Kyrene schools? If yes, please list the names of your children, the schools
they attended and the years they attended.

BOARD COMMITMENT

1. The Kyrene Foundation requires participants to commit approximately 1 ½ to 2 volunteer days per month. If selected, are you and your employer prepared to make this time commitment?
2. Attendance and financial contribution for Kyrene Foundation events.
3. Attendance and participation at monthly board meetings. (Typically held on for 1 ½ hours on a Friday morning monthly)

COMMUNITY INVOLVEMENT & PREVIOUS EXPERIENCE

At this time Kyrene Foundation has specific needs. We are looking for individuals that have background or experience with social media, fundraising, and/or grant writing. We recognize involvement comes in many forms. We always look for individuals who are willing to commit time, energy and enthusiasm for the Kyrene Community. Please list, in order of importance to you, three community, civic, professional, political, business, religious, social, athletic, or other activities in which you have participated. Include your contribution to each, including positions held, major responsibilities, projects under taken and YOUR measures for success.

1.

2.

3.

REFERENCES

List two people who will be contacted to provide information regarding your qualifications as a Kyrene Foundation Board Member participant.

REFERENCE 1

NAME _____ Title Relationship _____

ADDRESS

_____ Street _____ City _____ Zip _____
(_____) _____ (_____) _____
Business phone _____ Cell phone _____

REFERENCE 2

NAME _____ Title Relationship _____

ADDRESS

_____ Street _____ City _____ Zip _____
(_____) _____ (_____) _____
Business phone _____ Cell phone _____

AGREEMENT OF UNDERSTANDING

I have read and understand the requirements of participation on the Kyrene Foundation Board and am willing to honor that commitment.

Signature _____ Date _____

PROCEDURE: Applications should be emailed to contact@kyrenefoundation.org

If you have any questions about the Kyrene Foundation or this application, please contact:
Shirley Coomer 602-770-0643 shirley.coomer@kyrenefoundation.org