

** CABC Executive Board positions are elected to serve two year terms by a majority vote of members present at Annual meeting.*

CUTHBERTSON ATHLETIC BOOSTER CLUB EXECUTIVE BOARD MEMBER APPLICATION

APPLYING FOR: _____
Executive Board position

NAME: _____
Last First Middle

ADDRESS: _____
Street City Zip Code

HOME PHONE: _____ **CELL PHONE:** _____

WORK PHONE: _____ **E-Mail:** _____

HAVE YOU BEEN APPROVED AS A VOLUNTEER (level 4 status) BY UCPS?

(YES) (NO)

If Yes: Approval code _____

If No: Have you applied for approved volunteer status?

If yes: Date applied _____

1. Please indicate all of the following statements that apply: _____

1. **I have a child enrolled at the High School**
2. **I have a child enrolled at the Middle School**
3. **I have a child enrolled at both the HS and MS**
4. **I do not have a child enrolled at either the HS or MS**

CABC Executive Board Application

2. Please provide details of your volunteer experience:

3. Please indicate why you want to serve on the Booster club Executive Board:

4. Please list activities that your students participate in:

5. List 2 CABC member references who are familiar with your volunteer efforts:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>E-Mail</u>
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1.

2.

CABC Executive Board Application

Please use space below to provide additional information you would like to share about yourself. This information could be a short autobiography, information about your career, life experience, interests or other activities. Please feel free to elaborate on information already given elsewhere in this application.

I understand that in order to be serve as a Board member of the CABC that I must join the Booster Club at least at the Basic Level.

Date _____ Signature _____

**** Please submit this application to the CABC Communications Chair by May 1st at the latest. This application will then be forwarded to our CABC Nominating committee for further review.***