

CENTER FOR THE STUDY OF WHITE AMERICAN CULTURE (CSWAC)

BOARD MEMBER APPLICATION

Date ____/____/20____

First Name _____ Last Name _____

Home Address _____ City _____ State ____ Zip _____

Cell # _____ Other Phone (specify) _____

Email _____ Website _____

Gender _____ Pronouns _____ Racial Identity _____

Are you at least 18 yrs old? ☐ Yes ☐ No Are you 18 -29 years old? ☐ Yes ☐ No Are you 30-45 years old? ☐ Yes ☐ No

PROFESSIONAL INFORMATION

Employer _____ Type of Business _____

Job Title _____ How long have you worked there? _____

Work Address _____ City _____ State ____ Zip _____

Email _____ Website _____

Other current employment/self-employment/consulting work (include all)

EDUCATION (including level completed, certifications, degrees)

Preferred email _____ Preferred phone # _____

List and describe your current community and/or volunteer involvement _____

Date ____/____/20____ First Name _____ Last Name _____

How did you hear about CSWAC?

Are you related to or cohabitate with any CSWAC trustees, staff or trainers? ☐ Yes ☐ No

If yes, name and relationship _____

Why are interested in becoming a member of CSWAC's Board? _____

What current and/or former Boards have you served on (include dates & committee assignments)

How many hours per month can you commit to CSWAC? _____ hours

Are you available to meet the second Friday of each month at 4:00 pm EST? ☐ Yes ☐ No

What are three attributes you would bring to the CSWAC Board?

Date ___/___/20___ First Name _____ Last Name _____

The following 3 questions are required by the State of New Jersey to satisfy the regulations governing NJ nonprofit organizations, in order to maintain CSWAC's status as a charitable organization.

1. Have you ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? ☐ Yes ☐ No

If “Yes,” attach to this application photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.

2. Have you ever been convicted of any criminal offense committed in connection with the performance of activities regulated under the rules/laws regulating nonprofit entities, or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. ☐ Yes ☐ No

3. Have you ever been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. ☐ Yes ☐ No

If "Yes," attach to this application a copy of any order, judgment or other documents indicating the final disposition of the matter.

Please share anything else we should know in considering your application.

[illegible]

Date __/__/20__ First Name _____ Last Name _____

Which of the following skills/knowledge areas would you bring to CSWAC as a Board member?

- | | |
|---|---|
| ☐ Accounting/Auditing | ☐ Legal |
| ☐ Administration | ☐ Legal (Nonprofits) |
| ☐ Anti-Racism | ☐ Marketing |
| ☐ Banking | ☐ Nonprofit Governance |
| ☐ Budgeting/Financial Planning | ☐ Nonprofit Management |
| ☐ Computer Technology | ☐ Organizing |
| ☐ Curriculum Development | ☐ Outreach |
| ☐ Donor Contacts | ☐ Planning |
| ☐ Event Planning | ☐ Public Relations |
| ☐ Financial | ☐ Public Speaking |
| ☐ Funder Contacts | ☐ Resource Development |
| ☐ Fundraising | ☐ Social Media |
| ☐ Grantmaking | ☐ Strategic Planning |
| ☐ Grant Writing | ☐ Training/Teaching |
| ☐ Graphic Design | ☐ Web Design |
| ☐ Human Resources | ☐ Writing |
| ☐ Insurance (Casualty/Liability) | ☐ Other |
| ☐ Insurance/Employee Benefits | _____ |
| ☐ Leadership | _____ |

I consent to CSWAC staff conducting background and reference checks as a provision to serving on the CSWAC Board. My signature below further indicates that all information I've provided is true and complete to the best of my knowledge.

Name _____ Signature _____ Date __/__/20__