



# Member Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Why are you interested in joining the Nueces Child Welfare Foundation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What personal skill or strength of yours do you think would benefit the Nueces Child Welfare Foundation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a committee you'd like to serve on or a particular area of interest? (Check all that apply)

- Marketing       Fundraising       Grant Writing       Other \_\_\_\_\_
- Programs       Public Relations       Hospitality       Other \_\_\_\_\_

What other volunteer commitments do you currently have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you served with other nonprofit organizations/boards? If so, please list them and any offices you held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved with the law for Child Abuse/Neglect, or part of a DFPS Case?       No       Yes  
(if yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

The Nueces Child Welfare Foundation meets (once a month) on (Fridays 6pm or otherwise determined by the board at the previous meeting). Do you see any scheduling problem that might affect your attendance?  
 No     Yes (if yes, please explain)  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of the Nueces Child Welfare Foundation: \_\_\_\_\_



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## CONFLICT OF INTEREST POLICY

No member of the Nueces Child Welfare Foundation Inc. shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with The Nueces Child Welfare Foundation Inc. This shall also include the member's business or other nonprofit affiliations, family and/or significant other, employer, or close associates who may stand to receive a benefit or gain. Each individual shall disclose to the Foundation Chair any personal interests which he or she may have in any matter pending before the organization and shall refrain from participation in any discussion or decision on such matter.

In addition, any member of The Nueces County Child Welfare Foundation Inc. shall refrain from obtaining any list of clients or donors for personal or private solicitation purposes at any time during the term of their affiliation.

Any new member of the Foundation shall be given this policy at the time of their election onto the Nueces Child Welfare Foundation Inc. and the policy will be reviewed annually by the board at a regularly scheduled meeting.

We understand that the purposes of this policy are to protect the integrity of The Nueces Child Welfare Foundation Inc. and the organization's decision-making process as well as to enable our constituencies to have confidence in the integrity, intentions and actions of the officers, staff, board members and volunteers. To that end, we understand that this policy is not meant to supplement good judgment and all constituents should respect its spirit as well as its wording.

In witness whereof, the undersigned has hereunto signed as of the date herein shown below.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## BACKGROUND CHECK AUTHORIZATION

When submitting an application to join the Nueces Child Welfare Foundation, Inc, you are authorizing the board officers to complete a background check. The following information will only be used to complete a background check. An applicant must have a criminal free background in order to be a member on the foundation.

Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_