

# Board of Directors Application



PUSH BC Corporation  
 P.O. Box 399  
 Beaver, PA 15009-0399  
 VM: (855) PUSHBC1

Full Name of Applicant (Please print)

Address

City, State Zip Code

Phone

Email

Date of Birth

Employer

Employer Address

Emergency Contact/Relation

Relationship

Number

Skills that would add value to the organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I hereby swear to uphold the values and ideals of PUSH BC Corporation (d.b.a. PUSH Beaver County) to the best of my ability and agree to actively help to make PUSH Beaver County a continued success.
- I understand that PUSH Beaver County is a philanthropic organization.
- I understand that becoming an active member in PUSH Beaver County requires my time and effort.
- I will chair and/or co-chair at least one PUSH Beaver County committee.
- I understand PUSH Beaver County's code of ethics and agree to uphold those principles.
- I am required to and will attend PUSH Beaver County board meetings. Missing three or more meetings, in a calendar year, may constitute a vacancy/automatic resignation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_

Please check committee(s) in which you would like to chair/co-chair

- 5k + Kids Fun Run
- BC BOOM!: Fireworks Display
- BC BOOM!: HQ Event
- BC Maple Syrup + Music Festival
- BC Special Olympics Polar Plunge
- BeerFest
- n/a Finance
- Giada's Gems (Giada's Jams)
- Media (Website, FB, Linked-In, Twitter)
- PUSH Beaver County Golf Invitational
- Scholarship
- Waterfront Development
- Other 1 \_\_\_\_\_
- Other 2 \_\_\_\_\_

Please check committee(s) in which you would like to serve on.

### Internal Use Only

\_\_\_\_\_ Date Submitted to PUSH Beaver County BOD.  
 \_\_\_\_\_ Application Approved / Disapproved.  
 \_\_\_\_\_ Issued pushbeavercounty.org email + website password.  
 \_\_\_\_\_ Issued Conflict of Interest Policy.

\_\_\_\_\_ Issued Conflict of Interest Disclosure Statement.  
 \_\_\_\_\_ Executed Conflict of Interest Disclosure Statement.  
 \_\_\_\_\_ Issued PA Child Abuse History Certification Form.  
 \_\_\_\_\_ Issued Request for Criminal Record Check Form  
 \_\_\_\_\_ Executed PA Child Abuse History Certification Form.  
 \_\_\_\_\_ Executed Request for Criminal Record Check Form.