CFLR, Inc. Office
502 Court St. Suite 401
Utica, NY 13502

whenthereshelpthereshope.com
Phone: (315) 733-1709
Fax: (315) 733-1789

Directions to Prospective Board Member: Please complete this form as soon as possible and return it to:

Attn: Board Governance Committee
502 Court Street Suite 401
Utica, NY 13502

Date:	
Referred by:	

Contact Information (Home):

Name:	
Address:	
Phone:	
Fax:	
E-mail:	

Contact Information (Work):

Company:	
Address:	
Phone:	
Fax:	
E-mail:	
Your Title:	
Assistant's Name:	

Where would you prefer to receive our materials?
__ Home __ Work

Personal Information (optional)

Hobbies/Special Talents:	
Personal/Professional Interests:	

Summary of Experience:

Job Experience (please attach your resume, if it's available):
Education:
Professional Skills:
Volunteer/Board Experience:
Memberships and Associations:
Awards/Honors:

Please help us learn more about you!

How did you hear about our organization?
What do you know about our organization?
Do you know anyone currently working or volunteering for our organization? If so, please provide name(s).
What resources can you make available to our organization? (Examples: photography skills, contacts with potential corporate donors, Internet access, etc.)
Why do you want to join our organization's board of directors?
Why do you think you would you make a good board member for our organization?
What would you need from our organization to help you fulfill your duties as a board member?
Please provide any additional information:

Form Adapted *Non-Profit Nuts & Bolts Bonus*
from: July 1997 — Volume 2, Number 4

CFLR, Inc.
Center for Family Life and Recovery, Inc.

Conflict of Interest Disclosure Form

Date: _____

Name: _____

Position being currently sought: Board Member

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between the Center for Family and Recovery, Inc. (CFLR, Inc.) and your personal interests, financial or otherwise:

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1._____

2._____

3._____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of
the Center for Family Life and Recovery, Inc. (CFLR, Inc.)

Signature: _____

Date: _____