



1110 Fairfield Avenue, Suite 100  
 P.O. Box 25940  
 Eugene, OR 97402  
 541-683-7291

Web Address: [www.eugenecreativecare.org](http://www.eugenecreativecare.org)  
 Email: [creativecare.eugene@gmail.com](mailto:creativecare.eugene@gmail.com)

## BOARD MEMBER APPLICATION

### GENERAL INFORMATION

ECC Site Your Child Attends: _____		Date: _____	
Name: _____			
Last	First	M.I.	
E-Mail: _____		Phone Number: ____ (    ) _____	
Physical Address: _____			
Street Address			Apt. #
City	State	Zip Code	
Mailing Address: _____			
Street Address			Apt. #
City	State	Zip Code	
Have you submitted an application here before:	YES	NO	
Have you ever worked for Eugene Creative Care?	YES	NO	
Can you commit to attending no less than one, two-hour board meeting every month?	YES	NO	
Can you commit to no less than a two year term?			YES NO

## EXPERIENCE

**EMPLOYER #1**

**Job Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Phone Number:** \_( ) \_\_\_\_\_ **Dates of Employment:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Brief Description of Job Duties:**

\_\_\_\_\_  
\_\_\_\_\_

May we contact this company for a reference? YES NO

**EMPLOYER #2**

**Job Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Phone Number:** \_( ) \_\_\_\_\_ **Dates of Employment:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Brief Description of Job Duties:**

\_\_\_\_\_  
\_\_\_\_\_

May we contact this company for a reference? YES NO

## REFERENCES

**REFERENCE #1**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_( ) \_\_\_\_\_

**REFERENCE #2**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_( ) \_\_\_\_\_

**REFERENCE #3**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_( ) \_\_\_\_\_

## EDUCATION

### HIGH SCHOOL or GENERAL EDUCATION DIPLOMA

Name of School: \_\_\_\_\_ Location: (City & State): \_\_\_\_\_

(Dates of Attendance) FROM \_\_\_\_\_ TO \_\_\_\_\_ Did You Graduate? YES NO

### COLLEGE

Name of School: \_\_\_\_\_ Major: \_\_\_\_\_

Location: (City & State): \_\_\_\_\_ (Dates of Attendance) FROM \_\_\_\_\_ TO \_\_\_\_\_

Did You Graduate? YES NO If so, What degree do you Hold? \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Eugene Creative Care is a nonprofit organization committed to providing early childhood and school age child development programs and services to the Bethel and 4J school communities. ECC seeks to include members on our Board of Directors who have a desire to make a positive difference in the quality of services and employment experiences ECC offers our clients and staff.

Please summarize any special skills, strengths, and/or qualifications that you feel you have that would make a positive contribution as a board member with Eugene Creative Care?

