

BRAZOS COUNTY CRIME STOPPERS, INC
BOARD OF DIRECTORS APPLICATION

PERSONAL INFORMATION

Name: _____

Home Address: _____
Street City Zip

Employer: _____ Occupation: _____

Business Address: _____

Telephone: _____
Home Cell Work

Email Address: _____

Have you previously served on the Board of Directors for any Crime Stopper's Program?

If Yes, where and when? _____

How did you learn of the Crime Stoppers Board of Directors? If recommended by a present/past Board Member, please state the name.

Why do you wish to serve on the Board of Directors?

Fundraising is a very important function of the Board of Directors. Will you be able to provide assistance with all fundraising efforts? YES ___ NO ___

Will you be willing to serve on committees within the Board of Directors? YES ___ NO ___

Will you be able to attend short training seminars/workshops, possibly out of town? YES ___ NO ___

As Campus Crime Stoppers continues to grow would you be able to attend Campus Crime Stoppers meetings at the various schools and become a liaison between the campus program and the Board? YES ___ NO ___

Are you presently involved in other civic/charitable/volunteer organizations(s) within our community? If yes, please list the organization. YES ___ NO ___

Are you willing to commit one evening per month (3rd Tuesday of each month), to attend the Board of Directors' meeting YES ___ NO ___

In consideration of my information to assist Brazos County Crime Stoppers, I do understand the time and requirements and have provided you with the correct information to the best of my knowledge.

Signature of Applicant Date _____

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name and Date Used: _____
Name (First, MI, Last) Date (Mo/Yr)

Former Name and Date Used: _____
Name (First, MI, Last) Date (Mo/Yr)

Former Name and Date Used: _____
Name (First, MI, Last) Date (Mo/Yr)

Current Address Since: _____
(Mo/Yr) (Street) (City) (State) (Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State) (Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State) (Zip)

Social Security Number: _____ Date of Birth: _____

Driver's License Number/State: _____

Telephone/Cell Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Brazos County Crime Stoppers, Inc** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Brazos County Crime Stoppers, Inc** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Brazos County Crime Stoppers, Inc**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____