



Variety Care, Inc.  
**BOARD OF DIRECTORS APPLICATION**

3000 N. Grand Blvd.  
 Oklahoma City, Ok 73107  
 Phone: 405.632.6688 Ext. 10254  
 Fax: 405.228-0249

**NOMINEE PROFILE**

Full Name (Last, First & M.I.)				Phone Number (Day)
Home Address	City	State	Zip	Phone Number (Night)
Home Email Address				Home Fax Number
Company/Agency	Occupation			Work Phone Number
Work Address	City	State	Zip	Work Fax Number
Work Email Address				Cell Phone Number

**PERSONAL INFORMATION**

Date of Birth:	Married	Single	Spouse's Name:
Place of Birth:			
SSN	Are you a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please attach your bio and resume to this application

**EDUCATION**

High School	Year Graduated:	
College	Degree Earned	Year Graduated
Other		

**INDIVIDUAL QUALIFICATIONS**

Do you sit on another Board?  Yes  No

If yes please list:: \_\_\_\_\_

Do you speak any other language besides English:  Yes  No

If yes please list:: \_\_\_\_\_

Would you be able to attend seminars/conferences on behalf of Variety Care, Inc.?

Yes  No \_\_\_\_\_

Why do you want to become a member of the Variety Care Board of Directors and what do you want to achieve through your leadership experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain strengths that you possess that would be of particular benefit to Variety Care through your service on the board (e.g. leadership, areas of specialty, industry relations, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check the areas of experience which you would bring to the Board:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Management	<input type="checkbox"/> Knowledge of cause
<input type="checkbox"/> Finance	<input type="checkbox"/> Marketing	<input type="checkbox"/> Community Relations
<input type="checkbox"/> Fund raising	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Legal
<input type="checkbox"/> Planning	<input type="checkbox"/> Computers	<input type="checkbox"/> Consumer of Services provided at clinic
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Public Speaking	

What charitable or community activities have you participated in?


Can you regularly attend Board Meetings (12/year minimum)?

Yes       No

How much time each month can you give this organization?

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Do you have any friends who are employed by Variety Care?

Yes       No

Do you have any family members who are employed by Variety Care?

Yes       No

Have you been convicted of a Felony?

Yes       No

Are you a patient of Variety Care?

Yes       No

Please give the names of three references:

Please give the names of three references:	Day Phone	Evening Phone
1.)		
2.)		
3.)		

I agree that, if selected as a candidate to the Variety Care, Inc. Board of Directors, I am willing and able to serve. I also certify, by my signature, that the information is true, accurate, and complete to the best of my knowledge.

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

When you have completed the application, please:

- ▶ Attach your resume,
- ▶ Attach any additional pages,
- ▶ Attach references or endorsements from organizations that support your candidacy, and,
- ▶ Return this form and attachments to:

**Board of Director's Search Committee**  
Variety Care, Inc.  
3000 N. Grand Blvd.  
Oklahoma City, Oklahoma 73107

### BOARD ACTION

Accepted: <div style="text-align: center;"><input type="checkbox"/></div>	Rejected: <div style="text-align: center;"><input type="checkbox"/></div>	Referred to Full Board: <div style="text-align: center;"><input type="checkbox"/></div>	Date Reviewed: <div style="text-align: center;"><input type="checkbox"/></div>	Date Notified: <div style="text-align: center;"><input type="checkbox"/></div>
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Application reviewed by: (Committee Members names(s))