



Crystal Lake Teen Center, NFP-The BREAK Board Member Application

Name: _____

Email: _____

D.O.B. _____ Cell Phone: _____

Address: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Personal Background and Volunteer Information:

Professional training, certifications, special skills or talents that would add value to the board:

1. _____
2. _____
3. _____
4. _____
5. _____

What other boards have you served? Please indicate if the board appointment was for a non profit:

1. _____
2. _____
3. _____

What, if any, conflicts would prevent you from attending regularly scheduled board meetings?

Background Checks: We are required to run background checks on any volunteer over the age of 18 that will have direct contact with minors. Will you absorb this cost (\$30) so that the BREAK can put the funds directly into providing for the teens? _____ Yes _____ No

Statement of Agreement: I will not hold the BREAK, BREAK board members, or participants accountable for any injury that might occur to me throughout my work as a volunteer. I grant permission for the BREAK to review the required background check. I also grant permission for the taking and publishing of any photos taken during work as a volunteer of the BREAK.

Volunteer Signature: _____

Date: _____

Thank you for your interest! Please submit this application either via email to brenda@clbreak.com or mail to 6292 Northwest Highway, Crystal Lake, IL 60014.