



Easterseals of the Birmingham Area Junior Board Member Application

Name: _____

Best Contact Number: _____

E-mail: _____

Address: _____

Birth Date: _____

Employer: _____

Title/Position: _____

Work Number: _____

Work Address: _____

Emergency Contact: _____

Phone: _____

Volunteer Experience: _____

Community Organizations: _____

License, Special Skills, Interests, Foreign or Sign Language: _____

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that the statements made on this application are true and correct to the best of my knowledge and belief and hereby grant Easter Seals of the Birmingham Area permission to verify such answers. I will consider as confidential all information which I may hear directly or indirectly concerning a consumer, or any member of personnel and will not seek information in regard to a consumer. I pledge to be dedicated to the mission of Easter Seals of the Birmingham Area and to abide by the Volunteer Department Policies and Procedures and the Bylaws of the VSC.

Signature: _____

Creating Solutions that Change the Lives of Children and Adults with disabilities and their families