



FFF BOARD OF TRUSTEES

Membership Application Form

PLEASE COMPLETE FULLY
EMAIL TO: information@foleyfieldfoundation.org

Applicant's Name:	DOB:	State/DL#:
Phone Number (s):	Email Address:	

Preferred Method of Contact: Phone Email

EMERGENCY CONTACT

Name:	Phone:	Relationship:
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BHS ALUMNI STATUS

<input type="checkbox"/> I am a Bloomfield High School Graduate	Graduating Class Year:
<input type="checkbox"/> I am not a Bloomfield High School Graduate	Connection to Foley Field:

EXPERIENCE * MOTIVATION * ATTRIBUTES * AFFILIATIONS

I have previous volunteer experience *(Please Specify)*:
 This is my first time volunteering.

Why are you interested in joining the FFF? *(Please Specify)*:

What personal attributes do you have that will benefit the FFF? *(Please Specify)*:

I am currently affiliated with the following community organizations and/or clubs *(Please Specify Including All Positions Held)*:
 1)
 2)
 3)

I am currently employed *(Please Specify Employer)*:
 I am not currently employed. I am a Retiree.

My highest level of education is *(Please Specify)*:

I have no prior criminal convictions and/or offenses.
 I have the following prior criminal convictions and/or offenses *(Please Specify)*:

AVAILABILITY & INTEREST

I am available to attend monthly Board of Trustees meetings.
 I am available to attend and help at various FFF events (Fundraisers, Recruiting, Press Conferences, etc...)

I am interested in becoming an Officer (President, Vice President, Treasurer, Recording Secretary) or Event Chairman.

APPLICANT LIMITATIONS

I have no limitations or personal circumstances that would prevent me from being a productive Trustee.
 I have the following limitations and/or personal circumstances that should be considered as part of my application:
(Please Specify):

REFERENCES

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

MISCELLANEOUS

My T-shirt size is: Small Medium Large 1XL 2XL 3XL Other *(Please Specify)*:

How did you hear about the Foley Field Foundation? *(Please Specify)*:

* All Applications Must be Fully Completed, Signed and Dated by the Applicant in Order to be Considered for Membership.

<input type="checkbox"/> I certify that all of the provided information is true: X	Date of Application:
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