



COLUMBIA COUNTY PATHWAYS TO RECOVERY
PO BOX 486 GHENT NY 12075

Board of Directors' Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Professional Experience: _____

Interests/Hobbies: _____

Recent Volunteer/Board Activities: _____

Being convicted of a felony does not automatically exclude you from being selected to be a Director but it is information that the board will consider in determining whether to accept or reject your application.

Have you ever been convicted of a felony? Yes _____ No _____

If yes, what year was the conviction? _____

If yes, what was the felony you were convicted of? _____

My personal goals to help CPR meet its mission are:

Columbia County Pathways To Recovery provides comprehensive resources for individuals and families impacted by the crisis of substance use disorder. We offer hope, awareness, advocacy, education and pathways for those who seek support, relief and recovery.



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YOUR AVAILABILITY TO SERVE:

- Could you regularly attend board meetings? yes no
- Could you actively participate with a standing committee? yes no
- Would you contribute financial support to CPR? yes no
- Would you participate in raising funds? yes no
- Would you participate in recruiting new members for CPR? yes no

What skills could you contribute to our board? (Please Check)

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Management | <input type="checkbox"/> Education |

REFERENCES: Please provide two (2) references (list names, addresses, email address if available and phone numbers).

- 1.

- 2.

All questions on the application must be answered before your application will be accepted. All completed applications will be reviewed and voted on by the CPR Board of Directors. Majority vote rules. The Board of Directors' decision shall be final. The board reserves the right to accept or reject any application, based on their sole judgement, for any reason that it deems appropriate. You will be notified if your application is approved or rejected.

I have read and understand all of the information that has been provided for me. I also certify that all the information that I provided on this application is true and correct.

Signature of Applicant

Date

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Board of Director Information Sheet

First Name: _____ Last Name: _____

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing Zip: _____

Physical Address: _____

Physical City: _____ Physical State: _____ Physical Zip: _____

Preferred Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Preferred Phone Type: _____

Date of Birth: _____

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