

Berwick Area Transitional Services  
715 Susquehanna Ave  
Berwick, PA 18603  
570-520-4172



## Board of Directors & Committee Candidate Application

Date: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
(First) (MI) (Last) (Preferred/Familiar Name)

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Information

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Business or Organization: \_\_\_\_\_

Primary Services and Population Served: \_\_\_\_\_

### Preferred Method of Contact

Work     Residence     Mobile

### Board & Committee Experience

Please list boards and committees you currently serve on or have served on:

Organization	Role/Title	Dates of Service
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## Board or Committee Position of Interest

Board/Chair Seat Committee Applying For: \_\_\_\_\_

Referred By: \_\_\_\_\_

Why do you feel you were recommended for this position?

\_\_\_\_\_  
\_\_\_\_\_

## Additional Board/Committee Experience

Have you previously served on a board?  Yes  No

If yes:

Organization: \_\_\_\_\_

Role: \_\_\_\_\_

Years Served: \_\_\_\_\_

## Contribution to B.A.T.S.

How do you feel B.A.T.S. would benefit from your involvement on the Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Mission & Commitment

Have you read B.A.T.S. Mission Statement & Bylaws?  Yes  No

Do you understand and agree to adhere to the Mission Statement and Bylaws?

Yes  No

## Education & Training

Grade School Attended: \_\_\_\_\_

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**Highest Degree Obtained:** \_\_\_\_\_

**School/Institution:** \_\_\_\_\_

**Degrees, Certifications, Achievements, or Awards:**

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## Skills, Experience, and Interests

*(Please check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Finance, Accounting         | <input type="checkbox"/> Public Relations / Communications |
| <input type="checkbox"/> Personnel / Human Resources | <input type="checkbox"/> Education / Instruction           |
| <input type="checkbox"/> Administration / Management | <input type="checkbox"/> Special Events                    |
| <input type="checkbox"/> Nonprofit Experience        | <input type="checkbox"/> Grant Writing                     |
| <input type="checkbox"/> Community Service           | <input type="checkbox"/> Fundraising                       |
| <input type="checkbox"/> Policy Development          | <input type="checkbox"/> Outreach / Advocacy               |
| <input type="checkbox"/> Program Evaluation          | <input type="checkbox"/> Other:                            |

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## Affiliations & Community Connections

Please list any groups, organizations, or businesses you could serve as a liaison to on behalf of the organization:

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## Additional Information

Please share anything else you would like us to know:

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## Criminal Background Disclosure

Please disclose anything that may appear on a background check that could reflect on you or the organization:

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## References

Please provide at least three (3) references:

- |                |                    |
|----------------|--------------------|
| 1. Name: _____ | Phone/Email: _____ |
| 2. Name: _____ | Phone/Email: _____ |
| 3. Name: _____ | Phone/Email: _____ |

## Conflict of Interest Disclosure

I confirm that I am not aware of any conflicts of interest that would affect my service on this board.

If applicable, please explain:

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## Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for applying.

