

	Advisory Committee Member	Application	
	Revision #	2	
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- I have Advisory Committee Policy
- I have read and understand Advisory Committee Member roles and responsibilities.

Advisory Board Application Form

Candidate Name _____

Preferred Pronouns _____

Primary Language _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Work - Home - Cell

Email _____

D.O.B. _____

T-shirt size _____

Demographics

Gender:

Employment status:

Ethnic origin:

Marital status:

<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Employed for wages <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Military	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married/Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
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Relevant Experience and/or Employment. Please attach a resume.

Thank you for celebrating with us!

Celebrating One is a non-profit organization tax-exempt under section 501(c)(3) of the Internal Revenue Code.

Office
 8000 Walton Parkway,
 Suite # 236
 New Albany, OH 43054

Mailing
 P.O.Box 123
 New Albany, OH 43054

E: info@celebratingone.org
 P: 614-656-2173
www.celebratingone.org

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5. Please list prior experience serving as an advisory board member or board member for other organizations.

6. What other volunteer commitments do you currently have?

7. How could you serve as a link between the organization and the community or between the organization and potential supporters?

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8. What knowledge, advice, or help are you able to provide to Celebrating One?

9. Please share any other information you feel important for consideration of your application to serve as a Celebrating One Board member

By signing below I acknowledge that I have read and agreed with advisory board expectations and guidelines.

Date _____

Sign _____

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Celebrating One Story and Photo Release

I/We hereby give to Celebrating One, its successors or assigns, the right to reproduce in any of its printed and online publications (such as newsletters, annual reports, websites, social media posts and blog posts) all pictures & stories that it has produced of myself and/or my child(ren).

Please Print Name(s): _____

_____ in any or all poses, authorizing them to use all such pictures/video/story and duplicates thereof for its publicity purposes and dispose of them as they may see fit.

Signature

Date

Questions should be directed to Jurgita Fumo at info@celebratingone.org or 614-656-2173.

This form may be emailed to info@celebratingone.org or mailed to:

Celebrating One
P.O. Box 123
New Albany, Ohio 43054,

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