

## Associate Board Application Form

### APPLICANT INFORMATION

<b>FULL NAME</b>			
<b>HOME ADDRESS</b>			
<b>PHONE</b>		<b>EMAIL</b>	

### EDUCATION

<b>HIGH SCHOOL</b>		<b>ADDRESS</b>		
<b>FROM</b>		<b>TO</b>	<b>DID YOU GRADUATE?</b>	<input type="radio"/> YES <input type="radio"/> NO
				<b>DIPLOMA</b>

<b>COLLEGE</b>		<b>ADDRESS</b>		
<b>FROM</b>		<b>TO</b>	<b>DID YOU GRADUATE?</b>	<input type="radio"/> YES <input type="radio"/> NO
				<b>DEGREE</b>

<b>OTHER</b>		<b>ADDRESS</b>		
<b>FROM</b>		<b>TO</b>	<b>DID YOU GRADUATE?</b>	<input type="radio"/> YES <input type="radio"/> NO
				<b>DIPLOMA</b>

### EMPLOYMENT

<b>Company</b>		<b>Phone</b>	
<b>Address</b>		<b>Supervisor</b>	
<b>Job Title</b>			
<b>Responsibilities</b>			

### PROFESSIONAL BIO



### QUESTIONNAIRE

What makes you an influencer in your community? Why?

What leadership qualities do you possess? Why?

What makes you a good candidate for the Associate Board?

Would there be any conflict of interest between your employment and your position with the Associate Board of ImpactLife? *Disclaimer: This does not exclude you from consideration but must be disclosed.*

What would you like to get out of a position on the Associate Board?

How would you like to be communicated with?

### RESUME & CV

Please include your Resume and CV as an attached file.

### DISCLAIMER AND SIGNATURE

*If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

