



Building Community, Strengthening Lives

**Fountain Valley
Community Foundation**
18627 Brookhurst Street #264
Fountain Valley CA, 92708
(714) 593-4449
info@FVcommunityfoundation.org

BOARD APPLICATION

Thank you for your interest in the Fountain Valley Community Foundation. To apply, you will need to complete the entire application (using N/A where items do not apply), and attach a copy of your valid Driver's License. All applications will be kept on file for one year only. If you are not selected for an appointment this year, we invite you to reapply in another year. Applicants must be live, work or serve the City and may not be paid City employees.

Return your completed application to the FVCF Secretary - Rob.Frizzelle@FountainValley.gov

Applicant's Name: _____

Address: _____

Telephone No.: _____ Cell: _____

Occupation: _____

Business Address: _____

Business Telephone: _____

Email Address: _____

1. Do you Live Work or Serve in Fountain Valley. Please describe:

2. How long have you been a Fountain Valley resident? _____

2. Are you registered to vote in Fountain Valley? Yes No

3. Are you currently serving on any Commission/Committee/Board/charitable organization?

4. Do you have a relative/household member who is: (a.) City Employee

(b.) a City Council Member

(c.) a Commission/Committee/Board member

5. Have you ever attended any meetings of the Community Foundation? Yes No

How many? _____

6. If applicable, why did you attend the meeting (e.g., personal interest or specific issue).

7. List any work related experience that would contribute to the board and Foundation objectives:

8. List educational background i.e. legal, accounting, web design, marketing etc...

9. Describe the community activities, volunteer experience and/or civic organizations in which you participate:

10. Which of the Foundations responsibility areas interest you?

11. Describe your style of working with others on a committee.

12. Describe some of you ideas relating to the growth and purpose of the Foundation.

Print Applicants Name: _____

Applicants Signature: _____

Date: _____

Thank you for your interest in serving the Community of Fountain Valley!

AUTHORIZATION / RELEASE

By applying for a Fountain Valley Community Foundation (FVCF) Board position, I hereby authorize the FVCF and its officers, agents and employees to conduct a background check on me, and I hereby RELEASE the FVCF and its officers, employees and agents from any and all damages that may arise out of that background investigation.

I hereby authorize any person or organization "provider" receiving a copy of this authorization to provide information to the FVCF and its officers, agents and employees and RELEASE said provider from any liability resulting from such release of information.

A faxed copy of this Authorization/Release may be used the same as an original.

Print Name

Date

Signature

Return your completed application to the FVCF Secretary at: Rob.Frizzelle@FountainValley.gov or mail the completed application to:

Fountain Valley Community Foundation
18627 Brookhurst Street #264
Fountain Valley, CA 92708

