

Glens Falls Food Co-op Board of Directors Application

Contact information:

Full Name:

Address: _____, Town: _____, Zip: _____

Phone: (____) _____ - _____

Email: _____

Occupation (Optional)

Why are you interested in serving on the Glens Falls Food Co-op's Board?

What areas of expertise could you add to the Co-op Board?

How many hours per month can you dedicate to the Co-op?

Please give us 3 references (non-relatives) with their email, phone, job title, and relationship to you.

Is there anything else you think we should know? Use the space below to finish any incomplete answers from side 1 or tell us anything else you think we should know.

For Board Use Only:

- | | |
|--|---|
| <input type="checkbox"/> Meeting with the board president/member
Date _____ | <input type="checkbox"/> Nominee reviewed by application review committee
Date _____ |
| <input type="checkbox"/> Nominee attended a board meeting
Date _____ | <input type="checkbox"/> Nominee interviewed by the board
Date _____ |
| <input type="checkbox"/> Background check completed
Date _____ | <input type="checkbox"/> Approved for election
Date _____ |

Mission Statement

To provide healthy, fresh, and sustainable food and goods that are easily accessible to the community and support our local producers and economy through a member-owned cooperative.

The information contained in this application is true and correct to the best of my knowledge.

Signature

_____ **Date** _____

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