**CWRA Board Application Form**

*Please fill out this form in its entirety if you wish to be considered for a position on the CWRA Board of Directors. Consideration will be given to any member in good standing. All Board positions are 2 years in duration. The upcoming term is January 2022 through December 2024. Please return this form to the address below by December 12, 2022.*

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

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a CWRA member? \_\_\_\_\_\_YES \_\_\_\_\_\_ NO

Permits: (check what applies)

\_\_\_ State rehabilitator appointment \_\_\_\_ Federal permit

Board position you are interested in:

\_\_\_\_President \_\_\_\_ Vice Pres. \_\_\_\_Treasurer

\_\_\_ Secretary \_\_\_\_Board member

**QUESTIONS:**

1) Please give a brief summary of your rehabilitation and /or other relevant experience. Include the year you began rehabilitating wildlife:

2) What are your reasons/goals for being on the CWRA Board of Directors?

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3) What skills or expertise would you be bringing to the CWRA?

4) What would you like to see the CWRA accomplish, short-term and long-term?

5) Relevant references:

Please give the names, addresses and phone numbers of 2-3 references:

*I hereby apply for a volunteer position on the Board of Directors of the Connecticut Wildlife Rehabilitators Association. If elected, or appointed, I will abide by all stated CWRA policies and procedures. I am not a board member of any organization that could present a conflict of interest. I understand the information I have provided is not considered confidential and may be used on board election ballots, grant applications or official CWRA documents.*

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form**

**no later than December 12, 2022, to one of the following addresses**:

cwrawildlife999@gmail.com

or

CWRA Nominations Committee

PO Box 3643 Amity Station

Woodbridge CT 06524

Thank you for your interest in CWRA! We will be contacting you shortly.