

California Future Business Leaders of America, Inc.

Volunteer Position Application:

SECTION DIRECTOR

Applicants for volunteer positions are considered without regard to race, color, creed, religion, sex, national origin, citizenship status, age, disability, sexual orientation, marital or veteran status, or any other status protected by applicable federal, state or local law.

Personal

Last name	First	Middle	Date
Present street address			Home phone
City, State, Zip			Business phone
Previous street address			Cell phone
City, State, Zip			E-mail address

Have you ever been involuntarily discharged or fired from a job? Yes No If yes, please explain:

Are you at least 18 years of age? Yes No

Have you ever been convicted of a felony or serious misdemeanor?* Yes No
If yes, state the nature of the offense, where and when it occurred, and the sentence imposed. Please provide any further information you would like us to know.

*(You do not have to answer yes for, or include information about: (1) any misdemeanor convictions for marijuana-related offenses two or more years old; (2) any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; or (3) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed. No applicant will be denied the opportunity to volunteer solely because of a conviction for a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may be considered.)

FBLA or PBL Experience

Prior adviser or officer experience with California FBLA or other FBLA/PBL affiliate:

Dates/Duties:

Other prior experience/involvement with California FBLA or other FBLA or PBL affiliate:

Dates/Duties:

How were you introduced to FBLA?

FBLA adviser/member: _____ College/University FBLA Web site Other Web Site Print ad Other:

Are you acquainted with anyone currently involved with California FBLA, Inc.?

If yes, name(s):

Yes

No

References

Please provide the following information for three references who are not relatives or former employers, and whom you have known for at least three years.

Name	Address	Telephone No.	Occupation

Please give your accurate, complete employment record, starting with your present or most recent employer.

Employer 1

Company/organization name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of Supervisor	Your name when employed, if different than present name.
Start job title and describe your work	Reason for leaving
	May we contact this employer?

Employer 2

Company/organization name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of Supervisor	Your name when employed, if different than present name.

Start job title and describe your work	Reason for leaving
	May we contact this employer?

Employer 3

Company/organization name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of Supervisor	Your name when employed, if different than present name.
Start job title and describe your work	Reason for leaving
	May we contact this employer?

Employer 4

Company/organization name	Telephone
Address	Employed (state month and year) From _____ To _____
Name of Supervisor	Your name when employed, if different than present name.
Start job title and describe your work	Reason for leaving
	May we contact this employer?

Education

High School	City	Course of study	Graduate?	Circle year completed 9 10 11 12
College/University/Tech or Trade School	City	Major	Degree/Year	Graduate? 1 2 3 4
College/University/Tech or Trade School	City	Major	Degree/Year	Graduate? 1 2 3 4 more

Other seminars or educational experiences relevant to duties of State Officers' Adviser (such as business instruction or advising or mentoring students):

Credentials/Licenses/Certificates/Other Skills

Please list any professional credentials, licenses or certificates you hold, and the issuing states, credential/license/certification numbers, and dates issued:

Has any of your credentials/licenses/certifications ever been revoked or suspended? Yes No

If yes, identify credential/license/certification, state reasons(s) for and dates of revocation or suspension, and/or reinstatement:

List any other special training or skills:

Other Significant Volunteer Experience

Company/organization name	Telephone
Address	Dates (state month and year) From _____ To _____
Responsibilities/accomplishments	Reason for no longer volunteering

Company/organization name	Telephone
Address	Dates (state month and year) From _____ To _____
Responsibilities/accomplishments	Reason for no longer volunteering

Company/organization name	Telephone
Address	Dates (state month and year) From _____ To _____
Responsibilities/accomplishments	Reason for no longer volunteering

In Case of Emergency, please notify:

Name	City/state	Daytime phone	Cell/other phone
Alternate	City/state	Daytime phone	Cell/other phone

Certification and Agreement

I certify under penalty of perjury that the information provided by me in this application is true and correct to the best of my knowledge, and that I have not withheld information that would, if disclosed, affect this application unfavorably.

I understand that the Section Director position that I am applying for is a volunteer position. I agree that, if permitted to volunteer as a Section Director, I will not be considered or treated as an employee of California Future Business Leaders of America, Inc. (" California FBLA"). I agree that, although I may be eligible to receive a small stipend in connection with volunteering as Section Director, I will not be entitled to, or have any expectation of, wages or benefits from California FBLA.

I understand that falsified or intentionally misleading information in any detail or significant omissions from this application may disqualify me from further consideration for this volunteer position or may result in my no longer being permitted to volunteer, if discovered after my selection. I agree that California FBLA shall not be liable for disqualifying me or prohibiting my further participation under such circumstances.

I understand that if I am permitted to volunteer as a Section Director, I may learn of private personal information about California FBLA' s student or professional members or advisers. I agree not to disclose or use such information except to the extent necessary to carry out Section Director responsibilities.

I understand and agree that, if permitted to volunteer as a Section Director, California FBLA can end my participation in that position at any time, for any or no reason, with or without cause, and with or without advance notice. Likewise, I can stop volunteering as a Section Director for California FBLA at any time, for any or no reason, with or without cause, and with or without advance notice.

I understand and agree that, if permitted to volunteer as the Section Director, no one, other than the Chair of the Board of Directors of California FBLA, and then only in writing signed by him/her, has the authority to enter into any agreement that I will hold the position for a specific period of time. Only the Chair of the Board of Directors has the authority to make any agreement contrary to the foregoing and then only in writing signed by him/her. With the exception of this policy, California FBLA may modify the other terms and conditions under which I may volunteer as a Section Director, for any or no reason, with or without cause or advance notice.

I further agree that, if permitted to volunteer for California FBLA as a Section Director, I will conform my conduct to California FBLA policies and rules.

I have read, understand, and agree to the above applicant certification and agreement.

Signature

Date
