

Revolution Academy Board of Directors Committee Member Application

Contact Information

Name	
Street Address	
City State ZIP	
Phone	
Email	
Names and grade levels of children at RA	
If no students at RA, other connection to school	

Availability

Committees meet each month of the year. During which hours are you available to meet? Please circle all that apply.

Weekday Mornings	Weekend Mornings	
Weekday Afternoons	Weekend Afternoons	
Weekday Evenings	Weekend Evenings	

Interests

On which committee(s) are you interested in serving?

Academic	Facilities
Finance	Governance

Skills and Qualifications

Please tell us about your skills and qualifications for the committee you are interested in serving on, and why you would like to serve on a board committee. You may also attach a resume or written statement.

Previous Volunteer Experience

1.	Have you ever served on a committee or been a member of a board? Please explain.		
	(see below)		
2.	Did you complete your term? If not, why not?		
3.	Is any member of your immediate family employed by Revolution Academy?		
4.	If yes, who?		
5.	Are you willing to sign a conflict of interest statement and a confidentiality		
	agreement?		
6.	Have you completed a RA Volunteer Background check within the past 24		
	months?		

Please summarize your previous volunteer experience, at Revolution Academy, and elsewhere. You may attach additional sheets, if necessary.

Our Policy

Revolution Academy will develop productive citizens who are prepared for a lifetime of achievement by using a challenging, classical academic program, meaningful parental partnerships, character education, and an emphasis on student responsibility.

All applications for board committees will be reviewed by the school governance committee. Recommended board committee applications will be presented to the Chairman of the Board for placement as defined in the bylaws of the Board of Directors.

Revolution Academy complies with state and federal equal opportunity statutes. No applicant will be disqualified or discriminated against because of the applicant's race, creed, color, religion, national origin, sex, age, marital status, physical handicap, sexual orientation or disability. This statement does not grant any rights beyond those protected by state and federal law.

Agreement and Signature

understand that if I am selected to serve on a board committee, any false statements, omissions, or other misrepresentations made by me on this application may result in my removal from the committee.		
Name (Printed)	_	
Name (Printed)		
Signature	_	
Date	_	

By submitting this application, I affirm that the facts set forth in it are true and complete. I

For Internal Use Only:

Reviewed by the Governance Committee	(date)
Recommended Not Recommended for the_	Committee
Appointment to the	by the Chairman of the
Board of Directors (date)	
Background Check completed	(date)
Confidentiality Agreement signed	(date)
Conflict of Interest Statement signed	(date)