

## **Application for Board of Directors**

## Shelby Energy Cooperative, Inc.

Name			
Date			

## Application for Candidate for Board of Director Appointment or Election

<b>DATE:</b>	NAME_					
Referred by:						
Please read each item care information that is prohibit of race, color, religion, get legally protected class. Yes	ted by Federal, State nder, national origin ou may request assis	e, or Local i n, pregnanc stance in co	law. Shelby Energy, marital status, on mpleting this appl	gy Cooperative, Inc., itizenship, age, disab ication.	does not dis vility, vetera	criminate on the basis n status, or any other
PERSONAL DATA:			••••••	•	••••••	•••••
Name			Te	lephone Number: (	)	
First Street	M.I.	Last				
Cell/Digital Phone		E-M	Iail Address		@	
Are you 21 years old or ol	der?					
Have you ever been convid	cted of any crime tha	t involved t	he use of a weapo	n? □ No □ Yes, ple	ease explain	:
Have you ever been convid	cted of any crime tha	t involved t	he use or possessi	on of an illegal drug?	□ No □	Yes, please explain:
Have you every been conv	icted of any crime th	at involved	moral turpitude (	dishonesty)? □ No	□ Yes, plea	ase explain:
Have you ever been convid	cted of any crime aga	ainst anothe	r person? □ No	□ Yes, please expla	in:	
Have you ever been convid	eted of any felony?	□ No □ Y	es, please explain	:		
Have you ever been convident	cted of any sex offen	se? □ No	☐ Yes, please ex	xplain:		
(A criminal record check i.	s required of all Boa	ırd member.	s)			
PROFESSIONAL INFO	RMATION:					
Current Employer:						
Employer						
Address						
Occupation						
Title						
Work Telephone Number:						

Is your employer support	ive of your community service work	and will allow you the time no	eeded for Board service?
□ Yes □ No □ Unl	known □ Retired □ Community	Volunteer	
Are you willing and able	to attend Board of Director training	of hours over	years?
Are you willing and able	to spend a minimum of hour	rs per month preparing for and	attending regular board meetings
Do you meet each of the	following bylaw requirements to ser	ve as a Board of Director?	
EDUCATION:			
High School (Name and A	Address)		
Did you graduate?	If no, last grade completed	G.E.D. Obtained?	Grade Average
Colleges (Name and Add	lress)		
Colleges (Name and Add	lress)		
Did you graduate?	If no, number of hours complete	dGrade Point Aver	rageDegree
Major	Minor	If attending, date of gradu	uation
Other Education			
COMMUNITY INVOL	VEMENT:		
Please list here any other	Boards, Professional Societies, Civi	c or Charitable work in which	you are involved:
Organization	1	Role (member/officer)	Years
1			
2.			
3.			
4.			
5.			
6.			
7			
8.			
9			
10.			

AVAILABILITY:	
	le to attend the regular monthly Board meeting in Shelbyville, Kentucky from 9:00 a.m. to 1:00 p.m. on the bonth? $\square$ Yes $\square$ No
•	le to attend National, Regional and Annual meetings of associated organizations as needed to represent the s $\square$ No
AREAS OF INTERES	ST:
your areas of interest of be your professional ex	pard of Directors, you may be assigned to work on a committee and assist in various events. Please list here in expertise that you feel you can bring to the Board of Directors of Shelby Energy Cooperative, Inc. This may expertise in business, management, technology, accounting, law, etc., or specific skills, such as planning and acceptance, event coordination, etc. It is our goal to maximize the talents of our Board members and provide a prience.
Please write any com	ments here:
	I and signed the enclosed Conflict of Interest statement and am willing and able to comply with said statement f Shelby Energy Cooperative, Inc.   Yes  No
	l and signed the enclosed Confidentiality Statement and am willing and able to comply with said statement f Shelby Energy Cooperative, Inc. ☐ Yes ☐ No
SIGNATURE LINE	
DATE	SIGNATURE

## PERMISSIBLE PURPOSE RELEASE FOR BACKGROUND CHECK

INSTRUCTIONS TO APPLICANT: Please read the following information carefully and complete all of the information requested. Be sure you sign and date this form.

As a condition of serving on the Board of Directors of Shelby Energy Cooperative, Inc., I understand that a criminal record check is required. I hereby authorize without reservation, any law enforcement agency to furnish the above mentioned information and hold all of those involved in this process harmless for the information furnished and decisions made. I further authorize ongoing procurement of the above-mentioned reports at any time during my tenure as a member of Shelby Energy Cooperative, Inc.

Signature	Date				
IMPORTANT: <u>Please print clearly</u> . This information will be used to conduct the background search and errors may cause misinformation to be reported about you. This information will be very carefully protected and used only for the purpose for which it is being submitted.					
Print your full name as it appears on	your official records (Social Security Card):				
Street Address					
City	ST Zip Code				
DOB://19 SSN Former Names Used	I: Gender: □ Male □ Female				