



**Wally's House - Curry Child Abuse Intervention Center  
Board of Directors Application**

Due to the sensitive and confidential nature of the work of the Wally's House - Curry Child Abuse Intervention Center, it is standard procedure to do a criminal background check on all applicants. All checks into your background are confidential. We reserve the right to decline the services of the applicant. We want you to have a rewarding experience serving on our non-profit Board of Directors, while giving abused children of Curry County quality service. Please complete the following:

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Please describe your experience serving on a non-profit Boards of Directors.

Please describe volunteer experience or work experience working with abused children and/ or domestic violence issues

Why do you want to serve as a Wally's House - Curry Child Abuse Intervention Center Board of Director?

Please describe any special expertise you bring to this board.

How much time can you give to the Wally's House - Curry Child Abuse Intervention Center?

What motivates you as a volunteer?

Are you willing/able to make a financial commitment to the agency?

As you think about the three primary board roles – ambassador, advocate and asker – in which role(s) do you think you will want to be most active?

Board References

Please list three professional references. If you have previous/current board experience, please list one person who has served/does serve on a board with you.

Name \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_  
Phone \_\_\_\_\_

*I understand that Wally's House will verify the information in my application and that failure to provide true and accurate information is grounds for disqualification from participating as a board member. I authorize Wally's House to perform Reference inquiries/checks related to my Board of Directors Application. I authorize Wally's House to perform the required criminal background check by obtaining information from the Oregon State Police, DHS, and other law enforcement records.*

Signature of Applicant : \_\_\_\_\_

Date: \_\_\_\_\_

If you have questions, please contact Jackalene Antunes, Executive Director, at 541-425-5502 or via email at [director@wallyshouse.org](mailto:director@wallyshouse.org).

Return this form to:  
Wally's House - Curry CAIC  
P.O. Box 1845  
Gold Beach, Oregon 97444

Thank you for your interest in Wally's House - Curry Child Abuse Intervention Center!