

**Berrien County Youth Fair**  
**Board of Director Application**

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

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

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

Phone Number: (Hm) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Best way and time to contact you: (phone, email, time) \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

Are you a member of the Berrien County Youth Fair Association? Yes/No  
**(Per BCYF bylaws, you must be an Association member to be considered for a Board of Director position. If no, you must be 18 years old and pay a one-time \$25 membership fee. Please submit payment with this application.)**

Are you a volunteer at BCYF? Yes/No If yes, in what Departments, when and for how many years?  
\_\_\_\_\_

Have you volunteered at any other organizations before? Yes/No

Where and when? \_\_\_\_\_

Identify the skills you would bring to BCYF as a member of the Board of Directors: (check all that apply)

<input type="checkbox"/> Finance	<input type="checkbox"/> Legal	<input type="checkbox"/> Marketing	<input type="checkbox"/> Communication	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Technology	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Team Building	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Equipment operator
<input type="checkbox"/> Mechanic	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Welding	<input type="checkbox"/> Cement work	<input type="checkbox"/> Equipment we can borrow

Other skills not listed above: \_\_\_\_\_

The expectations for member of the Board of Directors are: attend monthly Board meetings (2 a month in June and July); attend committee meetings held throughout the year; help at various non-fair events throughout the year; help weeks prior to Fair getting your area ready for Fair week; be available during Fair week to be on site; help clean-up after Fair and in general be available to help when needed. **We anticipate this to be a minimum of 200-250 hours.** Would you be able to meet these expectations? Yes/No

Please attach typewritten answers to the following questions:

- Why do you want to be a member of the BCYF Board of Directors?
- What does volunteering at BCYF mean to you?

BCYF Board Members are subject to a background check.

Applications received by September 1 of the current year will be considered for current year openings.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE FAIR OFFICE Attn: Nominating Chairperson. THIS FORM WILL ONLY BE USED BY THE BCYF ASSOCIATION. Disclaimer: Submission of this form does not guarantee a Board of Director position. (THIS APPLICATION EXPIRES 3 YEARS FROM DATE OF SUBMISSION.)**