



Board Member Application

Name: _____ Date of Birth ____/____/____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Name of Spouse: _____ # of Children: _____

How many years have you lived in Granville County? _____ Gender: _____

Have you ever been convicted of a crime? If so, please explain: _____

Employer: _____ Position: _____

Employer Address: _____

Type of Business/Organization: _____ Wk. Phone: _____

Length of Service: _____ Average # of hours worked per week in all jobs: _____

Work Schedule: _____

If you have participated in any organizations, such as civic, community, religious, etc., within the past five years, please list along with your role. Please list any SGAA roles as well.

In which areas of SGAA would you like to contribute your time? Please be specific when listing sports roles (i.e., Commissioning 9/10 Girls basketball, publicity, concessions, etc.)

Please list any qualifications, strengths, or skills you possess that would be an asset to the South Granville Athletic Association Board.

Please identify one area for improvement within SGAA and provide a suggestion or proposal that may help to facilitate this improvement.

SGAA Board Information

The President of the South Granville Athletic Association is the official spokesperson. No Board Member will release any information concerning South Granville Athletic Association activities or operations to newspapers, meetings, television, radio or other news reporting avenues without consent from the President. No Board Member will make public statements that reflect negatively towards the South Granville Athletic Association or any Board Member.

The South Granville Athletic Association Board requires a time commitment from Board Members. Each applicant must be an active member of the South Granville Athletic Association. By-Laws are provided as guidelines for our organization. Each Board Member is requested to help as needed. While Board members are not expected to commission all sports, it is requested that each Board member commission at least one sport per year. If you have concerns in this area or if there are circumstances that may interfere with your role in SGAA activities, please list:

Application Information for the South Granville Athletic Association Board of Directors

- Applicants are allowed an opportunity to speak on election night.
- Candidates must be present or must have relayed the reason for his/her absence to the current SGAA President. Upon review on election night, board members will vote to accept/reject a candidate who is not present at elections.
- Candidates must be at least 21 years of age and must be a U.S. Citizen.
- Providing false or misleading information or unprofessional conduct will be grounds for immediate removal from an elected position.
- Candidates must agree to a full criminal background check and must complete the Disclosure and Authorization page found in the last page of this document. Criminal convictions occurring after disclosure is signed may warrant immediate removal from the SGAA Board of Directors.

This application must be received at least one week prior to board elections or must be postmarked at least 10 days before elections. It must be emailed to the President of SGAA or mailed via USPS to the following address:

South Granville Athletic Association
P. O. Box 384
Butner, NC 27509

I understand the time commitment involved as a member of the South Granville Athletic Association Board. If selected, I am willing to attend functions and will devote the necessary time to be a contributing member of the South Granville Athletic Association Board. I understand that if I fail to meet these obligations, I may be removed from the Board of Directors.

Printed Full Name

Signature

Date Signed

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **South Granville Athletic Association**, (herein "Client") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment/volunteer purposes from Priority Research, Inc.,(herein: "Priority Research") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Employment Credit Report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), IS U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY/DRIVING HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, GENERAL REPUTATION, MODE OF LIVING,AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY PRIORITY RESEARCH DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Priority Research's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, Priority Research will provide a written explanation of any coded information contained in my file. I understand that Priority Research is a Consumer Reporting Agency and it is Priority Research's policy to not be involved in or make hiring decisions or recommendation.

Priority Research's privacy policy limits the information it provides to the client named herein, however I hereby authorize the client to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Priority Research does not sell or otherwise provide any of the information found in its background investigations to any other party other than the client.

The following must be filled out completely and signed for your application to be considered (Please Print)

PRINTED FULL NAME _____
First Name Middle Initial Last Name

Male Female

Social Security Number FULL Date of Birth MM/DD/YYYY

Home Address – Street – City, State, Zip

List All Other Names Used

Signature Authorizing Procurement of Consumer Report/Investigative Consumer Report Current Date

Consumer Reporting Agency Contact Information

Priority Research - 14499 Dale Mabry Hwy, Ste 201 South - Tampa, FL 33618 - Phone: 800-319-5580 - Fax: 800-319-5582 - www.priorityresearch.com