



**Delta Education & Life Development Foundation, Inc.**

***Board Recruitment for Community Members***

**Section I: Applicant's Data**

Complete Application and return it to:

**Delta Education and Life Development Foundation, Inc.**

**P.O. Box 917, Ft. Lauderdale, FL 33302**

NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

SPECIFY PREFERRED MAILING ADDRESS: BUSINESS: \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

TELEPHONE #: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DRIVER LICENSE #: \_\_\_\_\_

ARE YOU A REGISTERED VOTER? YES \_\_\_ NO \_\_\_ COUNTY REGISTERED: \_\_\_\_\_

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**Section II: Education**

High School (Name & Location)

\_\_\_\_\_  
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List all Postsecondary Educational Institutions Attended (Name, Location, and Certifications)

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Have you ever been arrested, charged or indicted for a violation of any federal, state, country, or municipal law, regulation or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid) If "Yes" give details:

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**Section III: Employment:**

List current employer and for all of your employment during the last five (5) years, list the employer's name, business address, type of business, occupation or job title and period(s) of employment.

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Have you ever been employed by a not for-profit organization? Yes No

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**Section IV: Public Service:**

Have you ever served on a Board before: If so was it for profit or not-for-profit? Please explain your role.

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Have you or a business of which you have been an owner, officer or employee had any direct dealings during the last four (4) years with Delta Sigma Theta Sorority, Inc. or Delta Education and Life Development Foundation/ Yes No If "yes" please explain.

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State any experiences and interest or personal history that would quality you to become a Board member.

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Have you received any awards or recognitions related to the purpose of the Foundation of which you are being considered as a Board member? Please explain.

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Identify all association memberships and association offices that you have held.

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Have members of your immediate family (spouse, child, parent(s), siblings(s), or businesses of which members of your immediate family have been owners, officers or employees be affiliated with Delta Sigma Theta Sorority, Inc. or its Foundation during the last four (4) years, directly or indirectly?

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List three (3) persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

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Name any business, professional, occupational, civic or fraternal organization(s) of which you are a member or of which you have been a member during the past five (5) years; the organization address (es) and date (s) of your membership. (Name, Mailing Address, Office(s) Held, and Term of Membership)

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Do you know of any reason why you will not be able to attend fully to the duties and responsibilities if selected as a Board member?

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Please use extra sheets of paper if needed.  
Attach Resume

**Signature:** \_\_\_\_\_

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