

Bannock County Board of Community Guardians
PO Box 901
Pocatello, ID 83204-0901

Board Member Application

(Tab through this form to complete in computer generated format.)

Name: _____ Are you at least 21 years old? Yes No
FIRST MI LAST

Home Address: _____
STREET CITY STATE ZIP

Contact Phone #: _____
HOME WORK CELL OTHER

Email: _____ Fax #: _____

Employer: _____ Type of Business: _____
NAME

Business Address: _____
STREET CITY STATE ZIP

Have you had any felony or misdemeanor convictions in the U.S. in the past 10 years? Yes No
(Do not include any parking tickets or traffic violations.) Please explain: _____

Briefly list any skills, education, courses or training experience you have that will be beneficial to the Board of Guardians and our wards: _____

Please indicate if you have any of these experience-based areas in your background:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Planning Activities | <input type="checkbox"/> Financial Skills | <input type="checkbox"/> Legal Skills | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Committees/Boards | <input type="checkbox"/> Legislative/Political | <input type="checkbox"/> Training | <input type="checkbox"/> Personnel Issues |
| <input type="checkbox"/> Problem Solving Skills | <input type="checkbox"/> People Skills | <input type="checkbox"/> Community Relations | |

Do you have any experience with recruiting, training, or supervising volunteers? Yes No
Please describe: _____

Please list any previous board experience:

Agency: _____ Dates: _____
NAME FROM TO
Responsibilities: _____

Agency: _____ Dates: _____
NAME FROM TO
Responsibilities: _____

Agency: _____ Dates: _____
NAME FROM TO
Responsibilities: _____

Do you have any experience maintaining personal, confidential records on an individual? Yes No

Please describe: _____

Why are you interested in working with the Board of Guardians? _____

Have you personally been involved with guardianship and/or conservatorship of an incapacitated adult?

Yes No Please explain: _____

Idaho Code 15-5-602(b)(1) lists an initial appointment for a minimum of three (3) years. The commitment time generally involves three to six hours per month per ward. Are you willing to commit that much time or more, if needed? Yes No

Please list names and contact information for three to five individuals for character references.

Name: _____ Phone: _____
FIRST MI LAST

Home Address: _____
STREET CITY STATE ZIP

Name: _____ Phone: _____
FIRST MI LAST

Home Address: _____
STREET CITY STATE ZIP

Name: _____ Phone: _____
FIRST MI LAST

Home Address: _____
STREET CITY STATE ZIP

Name: _____ Phone: _____
FIRST MI LAST

Home Address: _____
STREET CITY STATE ZIP

Name: _____ Phone: _____
FIRST MI LAST

Home Address: _____
STREET CITY STATE ZIP

Completed application may be submitted by:

Email:

bannock.bofg@gmail.com

Mail:

Attn. Chair

Bannock County Board of Community Guardians

PO Box 901

Pocatello, ID 83204-0901

OR - in person to any current Member of the Board.

Bannock County Board of Community Guardians are volunteers under the auspices of the Bannock County Commissioners.

Each member of the Bannock County Board of Community Guardians is subject to a court history review.