



AARBF COUNCIL OF ADVISORS APPLICATION FORM

(Required for new Candidates Only)

Name:

Phone:

Address:

Briefly explain your involvement with AARBF:

Briefly explain the background, knowledge or skills you would bring to a position on the AARBF Council of Advisors: (i.e. legal, burn survivor, fire service knowledge, education experience, health care provider, passion for fundraising, media experience, etc.):

Why do you want to volunteer time to be a member of the Council of Advisors?

Have you ever been convicted of a crime? Yes No If yes, was the crime a felony? Yes No

Please explain: _____

Please read the following. Your signature at the bottom of the page signifies your understanding and agreement to the statement below.

I have read the "Powers and Duties of the Council of Advisors" excerpt from the AARBF Bylaws and understand the commitment I will be undertaking if elected to the Council of Advisors. I understand that if elected, I will be required to submit a LiveScan, as well as sign a conflict of interest disclosure statement and confidentiality agreement. I further understand and agree that any communications outside of an AARBF event with a minor client of the Foundation must be routed through an AARBF office. AARBF has sole discretion whether to forward such correspondence to the appropriate youth or family. As outlined in the AARBF Social Media Policy, AARBF prohibits contact with any of our minor clients via the Internet or any other social media, including, but not limited to "following," "friending," etc. For your own protection and that of the youth, all contact with clients beyond AARBF-sponsored events is prohibited, except through the office as described above.

All the information presented as part of this application is true and accurate.

Signature: _____ Date: _____

Mission Statement:

To significantly reduce the number of burn injuries through prevention education, and to enhance the quality of life of those affected by burn injuries in California.