



FailSafe ERA

Changing Lives...
Rebuilding Communities...
Helping Families Affected by Incarceration

BOARD OF DIRECTORS APPLICATION FORM

I, the undersigned, agree to abide by the Bylaws of FAILSAFE-ERA. I will perform duties and support the organization to the best of my abilities. I understand that if my actions are not in alignment with Failsafe-ERA's values, I can no longer serve as a volunteer or member of the team.

Volunteers and members must read and sign the non-disclosure form.

Board members must read and sign the Board member agreement, in addition to completing this application.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Email: _____

Business Phone: _____ Business Fax: _____

Home Phone: _____ Cell Phone: _____

Emergency Point of Contact Name/Phone _____

Signature: _____

In what area(s) are you interested in serving:

Board Committees

- ___ Governance Committee
- ___ Finance Committee
- ___ Fundraising (Finding Donors, Sponsors, etc.)
- ___ Board Development Committee (TBD)

Board members, please make checks in the amount of \$420.00 payable to FAILSAFE-ERA or visit www.FailSafe-ERA.org to make monthly payments online totaling to \$420.00 by the end of FailSafe-ERA's fiscal year.

Organization membership is entitled to name and website link on FAILSAFE-ERA website and recognition at annual scholarship and fundraiser black tie gala.



FailSafe

Changing Lives...
Rebuilding Communities...
Helping Families Affected by Incarceration

ERA

THIS NON-DISCLOSURE AGREEMENT (the "Agreement") dated this ___ day of _____, 20__

BETWEEN:

FAILSAFE-ERA and

Member/Volunteer _____

The Volunteer is currently providing services as a volunteer or Governance Board Member with FAILSAFE-ERA. In addition to this responsibility or position this Agreement also covers any position or responsibility now or later held with FAILSAFE-ERA.

Confidential Information

1. All written and oral information and materials disclosed or provided by FAILSAFE-ERA to the Volunteer/Member under this Agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided to the Volunteer/Member.
2. The Volunteer/Member acknowledges that in any position that he/she may hold, and as a result of his/her position, all information, presentations, documents, and matters pertaining to FAILSAFE-ERA are held as confidential and is the exclusive property of FAILSAFE-ERA.
3. "Confidential Information" means all data and information relating to the business and management of FAILSAFE-ERA, including but not limited to, meetings, etc.
4. Confidential Information will also include any information that has been disclosed by a third party to FAILSAFE-ERA and is protected by non-disclosure agreement entered into between the third party and FAILSAFE-ERA.

Termination

5. Either party may terminate this Agreement by providing written notice, except as otherwise provided through mutual agreement. All obligations under this Agreement will terminate at that time.
6. This Agreement constitutes the entire agreement between FAILSAFE-ERA and said Volunteers/Member. There are no further items or provisions, either oral or otherwise.

_____ (SIGN)

_____ (PRINT)