

# Imperial Rainbow Court of Northern Utah Application for Elected Board of Directors Seat

Please use additional sheets of paper if needed

## Personal Information

Name \_\_\_\_\_ A.K.A. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Educational Background \_\_\_\_\_

## Campaign Information

Campaign Manager \_\_\_\_\_ Position Seeking \_\_\_\_\_

## IRCONU Background

How many years have you been active in the IRCONU \_\_\_\_\_

List all titles and positions held in the IRCONU \_\_\_\_\_

\_\_\_\_\_

Have you held an elected/appointed Board seat \_\_\_\_\_ When? \_\_\_\_\_

List your duties \_\_\_\_\_

List all titles/positions held in other clubs/organizations \_\_\_\_\_

\_\_\_\_\_

Are you familiar with IRCONU and ICS protocol? \_\_\_\_\_

\_\_\_\_\_

**Goals and Outlook**

Why do you want this position? \_\_\_\_\_  
\_\_\_\_\_

What talents or expertise do you possess that you feel would be beneficial to this position? \_\_\_\_\_  
\_\_\_\_\_

What goals do you wish to accomplish if elected? \_\_\_\_\_  
\_\_\_\_\_

How do you plan to achieve these goals? \_\_\_\_\_  
\_\_\_\_\_

What fund do you wish to donate your \$50 application fee toward? \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

- |  |     |    |
|--|-----|----|
| 1. I am a member of the IRCONU in good standing  | YES | NO |
| 2. I have read and understand the By-Laws and Resolutions of the IRCONU and I meet all requirements as set forth in the By-Laws and Resolutions of the IRCONU to run for office  | YES | NO |
| 3. If elected, I agree to abide by the laws of the State of Utah and the By-Laws and Resolutions of the IRCONU   | YES | NO |
| 4. I understand the duties and responsibilities of the position I am seeking and I agree to fulfill them to the best of my ability. (2 Fundraisers each year of my 2-year term -- 1 for Crystal Rose Community and 1 for Children’s Love & Laughter) | YES | NO |
| 5. If proven that I have not acted in good faith or that I am not fulfilling my duties, I realize that I may be removed from the BOD and may have all titles removed   | YES | NO |
| 6. I agree to abide by all decisions made by the BOD during my reign   | YES | NO |
| 7. As an elected member of the IRCONU, I agree to be an ambassador of the IRCONU at all times & maintain my demeanor so as not to cause embarrassment to the IRCONU  | YES | NO |

**By my signature, I agree that all statements are true and accurate, to the best of my ability**

Signed \_\_\_\_\_

Date \_\_\_\_\_

<i>Do not fill out this section – Intended for Board use only</i>		
Residency Verified:	Y    N	Type of ID:

*For any questions or clarification on submitting your application, please contact the Board President:  
President@IRCONU.org*