

**Crossroads Christian Schools**  
**Parent Support Fellowship**  
**Board Member Application**

Any person desiring to serve on the CCS PSF Board should complete the following application and turn it in to the elementary school office. The application will be forwarded to administration.

1. Name:

2. Children's names/grades:

3. Board position desired (1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice):

\_\_\_ President

\_\_\_ Secretary

\_\_\_ Treasurer

\_\_\_ Vice president

\_\_\_ Hospitality

\_\_\_ Communication

\_\_\_ Spirituality

4. Phone numbers:

\_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Cell

5. Please give a brief description of your philosophy of Christian education:

6. Do you fully support the mission and current vision for the schools? (If no, please explain):

7. Please briefly describe your personal gifts/strengths:

8. What church do you attend?

9. Please give a brief description of your testimony:

10. Please carefully read the CCS Statements of Faith and Lifestyle. Indicate your support level:

\_\_\_ I fully support the statement as written, without mental reservations.

\_\_\_ I support the statement except for the area(s) listed and explained on a separate sheet of paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

11. Have you ever been investigated, charged, or convicted of a felony? (If yes, please explain):

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Thank you for your interest in serving CCS. We will prayerfully consider your application and forward a response to you immediately after a decision is made.

DATE RECEIVED IN OFFICE \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

DATE RECEIVED BY ADMIN \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

DATE RECEIVED BY PSF BOARD \_\_\_\_\_ DATE DECISION MADE \_\_\_\_\_

DATE CONTACT WITH APPLICANT MADE \_\_\_\_\_ BY WHOM \_\_\_\_\_