INTERNATIONAL BULLYING PREVENTION ASSOCIATION

# Application for IBPA Board of Directors

Date: _____

Name: _____

Street Address: _____

City, State, and Zip Code:_____

Work Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Employer or Program: _____

Employer Street Address: _____

Employer City, State, Zip: _____

Title: _____

Please describe the work you do:

_____

_____

Professional association memberships:

_____

_____

Please list articles written or publications/ or products produced for the field if any.
Presentations/Products:

_____

_____

_____

_____

_____

_____

Please describe your relevant training and experience in bullying prevention, safe schools or violence prevention programming.

_____

_____

_____

If approved for IBPA Board membership, what would you bring to further the mission of IBPA?

_____

_____

What is your vision of the future of IBPA?

_____

_____

How would you support that vision as a board member?

_____

_____

_____

What committees/ activities would you like to participate in as a board member?

_____

Please indicate an interest in the following areas by checking on the box. Mark as many as you wish (or leave blank if you're not sure at this time):

☐ NEWSLETTER

☐ MEDIA AND PROMOTIONAL ACTIVITIES

☐ WEBSITE

☐ MEMBERSHIP RELATIONS

☐ PUBLISHING (BROCHURES, ETC.)

☐ CONFERENCE PLANNING AND OPERATIONS

☐ WRITING

☐ GOVERNMENT RELATIONS

☐ INTERNATIONAL RELATIONS

☐ GRANT-WRITING AND RESEARCH SUPPORT

PLEASE LIST DOCUMENTS YOU ARE SUBMITTING IN SUPPORT OF YOUR APPLICATION AND MAKE SURE THEY'RE ATTACHED OR ENCLOSED:

_____

_____

_____

_____

_____

_____

**CONTINUATION OF ANY INCOMPLETE RESPONSES:**