National Child Passenger Safety Board 2014 Membership Candidate Application

All applicants must provide the following information for two professional references. Your state CPS coordinator will automatically serve as a third reference. Current Board members may not serve as a reference.

Name:	
Business Name:	
Business Address:	
Business Phone:	
Email:	
Reference #2	
Name:	
Business Name:	
Business Address:	
Business Phone:	
Email:	
Do not type below this line. The remainder of the form must be neatly handwritten. Please use blue ink. TO BE COMPLETED BY APPLICANT'S SUPERVISOR or SPONSORING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR or THE APPLICANT IF APPLYING AS AN INDIVIDUAL.	
Printed Name	Signature
Title	Date
The information provided on this application is complete and accurate:	
Printed name of Applicant:	
Signature:	Date:
To apply, complete original on line application and submit with your resume. Additional documentation will not	

To apply, complete original on line application and submit with your resume. Additional documentation will not be reviewed. Additional copies of this application may be downloaded from the CPS Board website:
www.cpsboard.org. Paper applications will not be accepted. Please contact Jennifer Booge at buckleupforlife@gmail.com if you have any questions.

A complete application consists of the application and your resume

Reference #1:

Original application and applicant resume must be received no later than 5:00 p.m. PDT, June 13, 2014

Applications will be reviewed and candidates will be notified by October 31, 2014