



Olathe Public Schools  
**Foundation**

**Board Member Application**

Name \_\_\_\_\_  
                    First                                    Middle                                    Last

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

*Directions – Please answer each question. If more space is needed, please attach additional pages.*

Primary reason(s) why you would like to serve on the Board:

Do you live or work in the Olathe school district boundaries?

Yes \_\_\_\_\_ No \_\_\_\_\_

Would you endeavor to attend monthly meetings scheduled the last Friday of each month from 7:15 a.m. to 8:30 a.m. and occasionally at other times for special planning session events?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand that, if appointed, your term would be for three years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If appointed, would you support the basic principles of the Foundation?

*The Foundation is a non-profit, charitable organization supported by private individuals, businesses and other organizations who seek to provide resources to stimulate excellence in Olathe Schools through special programs and funds to enhance the learning environment, increase the effectiveness of instruction, promote innovative ideas, reward excellence and strengthen ties between school and community.*

Yes \_\_\_\_\_ No \_\_\_\_\_

In which of the following areas would you be interested in being an integral part?

- |                                                       |                                                          |
|-------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> Finance Committee               |
| <input type="checkbox"/> Grant Programs               | <input type="checkbox"/> Educator Excellence Recognition |
| <input type="checkbox"/> Student Scholarship Programs | <input type="checkbox"/> Program Committee               |
| <input type="checkbox"/> Golf Tournament              | <input type="checkbox"/> Marketing Committee             |
| <input type="checkbox"/> Community Breakfast          |                                                          |

Other \_\_\_\_\_

Would you be available for monthly committee meetings?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you comfortable in making phone calls to business patrons regarding sponsorship of a foundation event?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have children in the Olathe school attendance area?

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What other civic and community activities or leadership roles have you served?

What school activities and/or school leadership roles have you served?

Do you know or are you recommended by any of our current or former foundation board members?

Provide any general information you feel would be helpful in considering your application.

By affixing my signature, I affirm that all information set forth in this application is accurate, truthful and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you have any questions regarding this application, please contact Cynthia VonFeldt, Executive Director, at (913) 780-8249.**

**Please return this application to:   The Olathe Public Schools Foundation  
315 N. Lindenwood  
Olathe, KS 66062  
(913) 780-8222 (fax 780-8104)**