



FRIENDS OF ARCHBISHOP RYAN HIGH SCHOOL

DATE RECEIVED

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# FARHS BOARD MEMBERSHIP FORM

Alumni Name: (Last Name, First Name) \_\_\_\_\_ Class Year (xxxx): \_\_\_\_\_

Home Address: (City, State, Zip Code) \_\_\_\_\_ Telephone #: \_\_\_\_\_

Work Address: (Name, City, State, Zip) \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Current Work E-mail: \_\_\_\_\_ Current Personal E-mail: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## Requirements for FARHS Board Membership

In order to serve on the FARHS Board, an Executive Officer position and a part of the Friends of Archbishop Ryan Alumni Association leadership, Alumni members are required to be elected as Board members first of Friends of Archbishop Ryan High School. Once the Board votes on membership, Board members can elect to serve in leadership roles within the organizations. Alumni who wish to serve as volunteers on committees or the Class Ambassador Program will not have to be Board members. For more details about Board membership and requirements, please review the FARHS by-laws that are available upon request.

## Leadership / Volunteer Interest

Alumni can request to participate or join in any number of volunteer roles, leadership positions, committees and task forces. Additionally the Class Ambassador Program is available for Alumni to serve based on their class year.

Please indicate what you would be interested in volunteering by **checking the boxes** below: (You can select more than one item)

### Volunteer Opportunities

- Annual Shore Reunion
- Class Ambassador Program
- Spirit of Ryan Award Committee
- Future Pursuits Day Committee
- Coach Bingo Committee
- Winter Beef and Beer Committee
- Ryan Alumni 5K
- Alumni Association Board
- Committee or Task Force Chairperson \_\_\_\_\_

### Leadership Opportunities

- Presidential Cycle (President- Elect, President, Past President)
- Treasurer
- Secretary
- Vice President, Alumni Engagement
- Vice President, Annual Programs
- Vice President, Faculty and Staff Relations
- Vice President, Awards and Recognition
- Vice President, FARHS Educational Foundation

### Class Ambassador Supplemental Questions

If you are selecting the Class Ambassador Program, please list fellow classmates who you may want us to follow up with to ask about getting involved.

Name	E-mail
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Biography

In the space below, please provide a brief description about yourself and why you are interested in joining the FARHS Board and/or serving in a volunteer role: (You can also submit a bio to RyanAlumniPres@gmail.com)

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## Disclaimer

By signing below, you are requesting to be considered as a FARHS' Board member and/or request to be considered to one of the officer or volunteer positions. If approved by the FARHS Board, you will be added as an official Board member and will be added to our group insurance policy through Philadelphia Insurance Co. through All State Insurance Co.. A copy of our policy for Directors and Officers Insurance is available upon request.

Alumni Signature: \_\_\_\_\_ Date: \_\_\_\_\_