**Section 3: Board of Directors Application**

**Friendly City Food Co-op**

**Board of Directors Election Year 2019**

*Three-Year Term: November 2019 – October 2022*

**Name:**  **Member Number:**

**Address:**

**Email:**

**Phone (day): Phone (evening):**

**Current Occupation:**

1. **Share a little about yourself. *Please provide a few sentences about your hobbies, interests, family and/or career, and community involvement.***
2. **Why would you like to serve on the board of Friendly City Food Co-op? Have you ever served on a board before, and if so, which one(s)?**
3. **What particular skills, knowledge, and/or life experience do you bring to Friendly City Food Co-op that enables you to support and advance its mission?**
4. **What experience do you have with Friendly City Food Co-op, Co-ops, and small businesses?**
5. **Friendly City ignites my passion for…**
6. **The item I can’t live without at Friendly City is…**

Please type your initials beside each statement below as your act of confirmation:

I have read, understand and commit to the mission and goals of Friendly City.

I have read, understand and commit to the bylaws of the Friendly City.

I have read, understand and commit to the job description and expectations of the Friendly City Food Co-op board of directors. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please complete this application and return by 9:00pm **Sunday, September 22, 2019** to Board President Julie Jenkins, at Friendly City Food Co-op 150 East Wolfe St, Harrisonburg, VA or at julie[@friendlycity.coop](mailto:julie@friendlycity.coop) .

**Section 3a: Conflicts of Interest Disclosure Statement**

Per the Friendly City Food Co-op Bylaws, our Conflict of Interest statement reads as follows:

Conflicts of Interest. No transaction with the Cooperative in which a director has a direct or indirect personal interest shall be void or voidable solely because of the director’s interest in the transaction if: (i) the material facts of the transaction and the director’s interest are disclosed or known to the Board of Directors or a committee of the Board of Directors, and the transaction is authorized, approved or ratified by the affirmative vote of a majority of the directors on the Board of Directors, or on the committee, who have no direct or indirect personal interest in the transaction; provided, however, that a transaction shall not be authorized, approved or ratified by a single director; or (ii) the material facts of the transaction and the director’s interest are disclosed to the shareholders entitled to vote, and the transaction is authorized, approved or ratified by the vote of a majority of the shares other than shares owned by or voted under the control of a director who has a direct or indirect interest in the transaction; or (iii) the transaction is fair to the Cooperative.

**Section 3b: ABC License Eligibility Requirements**

Per ABC regulations, because no shareholder owns more than 10 percent of the corporation, all officers and directors are required to complete the following.

Do you currently have financial interest in any business selling alcoholic beverages? Yes No  
If Yes, provide:  
(license number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (trade name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had any type of alcoholic beverage license refused, revoked or suspended? Yes No  
If Yes, provide:  
(trade name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of any of the following:

• motor vehicle violation(s) (not including parking tickets)? Yes No  
• driving while intoxicated? Yes No  
• other criminal offense(s)? Yes No

If Yes to any of the above, provide the following information (using additional sheets of paper if necessary):  
(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (offense) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (offense) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an elected or appointed official of the Commonwealth of Virginia or any political subdivision thereof? Yes No  
If Yes, provide:  
(title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Failure to disclose ownership interest in your business or falsification and/or misrepresentation of information  
may result in refusal of your license and/or criminal charges, which may include the Class 5 felony of perjury