

Laupahoehoe Community Public Charter School  
**Governing Board - Membership Application**

**Directions:** This Application along with a Letter of Interest and a Resume may be submitted: in person to the LCPCS Office; by mail to LCPCS, 35-2065 Mamalahoa Hwy, Laupahoehoe, HI 96764; by Fax, (808) 962-2202 or; by email: [governingboard@lcpcs.org](mailto:governingboard@lcpcs.org), ATTN: Governance Committee Chair. *Consideration is given to individuals who provide the Governing Board with a diversity of perspective and a level of objectivity that accurately represent the interest of the charter school students and the surrounding community; demonstrate an understanding of best practices of nonprofit governance; and possess strong financial and academic management and oversight abilities, as well as human resources and fundraising experience. The Board reserves the exclusive right to select applicants for consideration and election to the Board. Note: all Board members are subject to background checks.*

**I. CONTACT INFORMATION:**

Name: \_\_\_\_\_  
*First Last*

**Address:**

\_\_\_\_\_  
*Mailing Address Physical Address City/Town Zip Code*

Phone: (home)\_\_\_\_\_ (cell)\_\_\_\_\_ (Work)\_\_\_\_\_

Email: \_\_\_\_\_ Text OK?  Yes  No

**II. ARE YOU RELATED TO ANYONE WHO IS A CURRENT OR FORMER EMPLOYEE OF LCPCS?**  Yes  No

**III. REQUIRED ATTACHMENTS:**

**Cover Letter:** include a brief statement outlining why you would like to join the Board as well as any other information about your interests, background, training and education you deem relevant to your application.

**Resume**

**IV. TYPE OF MEMBERSHIP (Check one):** Please note that for members in the Community-at-Large and Parents/Family categories, nomination is not required.

**Community-at-Large** [3 year term beginning 6-30-18]

[Community members are elected by the community, defined at its southern boundary at Hakalau Bridge, Hakalau, and its northern boundary as Ka'ala Bridge, O'Okala]

**Parents/Family of Students** [3 year term beginning 6-30-18]

[Applicant must be the parent or guardian of a student currently enrolled in LCPCS]

**Appointed by Board, based on application/qualifications desired by the Board**

**V. SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*By signing, I attest that the information I have provided is true and correct.*

**FOR OFFICE USE ONLY:** Date Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Application Complete? Yes / No  
Application Approved for Consideration (Chair Gov. Committee)  Yes  No Date: \_\_\_\_\_ Status: \_\_\_\_\_