



MEMBER APPLICATION BOARD OF DIRECTORS

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____
(Required)

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

Preferred method of contact: Work () Home () Cell ()

How would your involvement benefit Community Action and our programs?

Skills, Experience and Interests: (Select all that apply)

- | | |
|--|---|
| <p>_____ Accounting, Finance</p> <p>_____ Administration, Management</p> <p>_____ Attorney</p> <p>_____ Education, Instruction</p> <p>_____ Grant Writing, Policy Development</p> <p>_____ Health, Medical</p> | <p>_____ Human Resources, Personnel</p> <p>_____ Nonprofit Experience</p> <p>_____ Outreach, Advocacy</p> <p>_____ Public Relations, Communications</p> <p>_____ Special Events, Fundraising</p> <p>_____ Other _____</p> |
|--|---|

Additional Information: _____

Please list any other boards or committees you serve or have served on.

<u>Organization</u>	<u>Role/Title</u>	<u>Dates of Service</u>

***** Board Use Only *****

Nominee referred by: _____ Application received on: _____

Reviewed by Executive Committee: _____ **Action Taken:** _____

New Appointment: _____ or Re-Appointment: _____ **Term Expiration Date:**

Full Term: _____ or Unexpired Term: _____
