

Member Application Board of Directors

Applicant Information									
Full Name:						f Birth:			
ı	Last		First	M.I.					
Address:	Of the set Andrews as					A			
•	Street Address					Apartment/Unit #			
-	City				State	ZIP Code			
Phone:			Er	nail					
Employer Na	me:								
Employer Add									
Employer Pho	one:								
Are you a US	S Citizen? ☐ Yes	s □ No	What state we	ere you born?		-			
			Specific Qua	lifications					
Attornov Ea	arly Childhood Edu	ucation Phys	sician oto:						
Attorney, La	iny Childhood Edi	ucation, Filys	Siciali, etc.			·····			
How would y	your involvement	on our Board	d benefit Comm	unity Action a	and our progra	ms?			
How would your involvement on our Board benefit Community Action and our programs?									
		Ski	lls, Experienc	e, or Interes	sts				
Please sele	ect all that apply:								
☐ Accounting	ng or Finance	☐ Adminis	stration or Mana	gement	☐ Education	or Instruction			
☐ Human R	esources	☐ Medical	/ Health Field		☐ Grant Writi	ng			
☐ Non-profit	t Organization	□ Outread	ch/Advocacy/Co	mmunity	☐ Policy Dev	elopment			
☐ Public Re	elations	☐ Fundrai	sing/Event Plan	ning	☐ Other				

Previous Board Service

Please list any other Board or Committee that you are currently serving on or have served on previously.

Organization	Role / Title	Dates of Service
Signature:		Date:

Board Use Only

Nominee Referred By:		Date Application Received:
Reviewed By Executive Co	ommittee:	Action Taken:
New Appointment:	Reappointment:	Term Expiration Date:
Full Term:	Unexpired Term:	

** Statement of Interest**

n the space below, please provide a statement which outlines your interest in becoming a . ow-Income Sector Representative to the Community Action of Laramie County, Inc. Boo	ard
f Directors. This statement should be 50 words or less. Thank you for your interest in epresenting the low-income population within the Community Action agency.	
ignature Date	