



**Applicant Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Are you a US Citizen?  Yes  No What state were you born? \_\_\_\_\_

**Specific Qualifications**

Attorney, Early Childhood Education, Physician, etc: \_\_\_\_\_

How would your involvement on our Board benefit Community Action and our programs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills, Experience, or Interests**

Please select all that apply:

- Accounting or Finance
- Administration or Management
- Education or Instruction
- Human Resources
- Medical / Health Field
- Grant Writing
- Non-profit Organization
- Outreach/Advocacy/Community
- Policy Development
- Public Relations
- Fundraising/Event Planning
- 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 Committee:		Action Taken:
New Appointment:	Reappointment:	Term Expiration Date:
Full Term:	Unexpired Term:	

