



BOARD NOMINATION FORM

CANDIDATE INFORMATION

NAME _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

WORK PHONE NUMBER _____

EMPLOYMENT/POSITION _____

EDUCATION _____

PREVIOUS EXPERIENCE (IF ANY) WITH (NAME OR ORGANIZATION)

PLEASE CIRCLE ANY OF THE FOLLOWING SKILLS OR EXPERIENCE THAT THE CANDIDATE POSSESSES.

FINANCE, ACCOUNTING	GOVERNMENT AFFAIRS
GRANT WRITING	NONPROFIT EXPERIENCE
FUNDRAISING AND SPECIAL EVENTS	TEACHING EXPERIENCE, CURRICULUM DEVELOPMENT
PUBLIC RELATIONS, COMMUNICATIONS	CONTACTS, NETWORKING
OTHER _____	OTHER _____

AFFILIATIONS OR ORGANIZATIONS THE CANDIDATE BELONGS TO (E.G., MEMBERSHIP, PROFESSIONAL, CIVIC).

SUBMITTED BY

NAME _____ DATE _____

PHONE _____ E-MAIL _____

HAS THIS PERSON BEEN CONTACTED TO DETERMINE THEIR INTEREST IN BEING NOMINATED? _____ YES _____ NO
 IF "YES," WOULD HE/SHE BE WILLING TO SERVE IF ELECTED? _____ YES _____ NO

THANK YOU FOR YOUR NOMINATION