



Board of Directors Nomination Form

Candidate Information

Name: _____
First Middle Last

Address: _____

City, State, Zip: _____

Mobile Phone: _____ Email Address: _____

Employer

Name: _____ Title: _____

Office Phone: _____ Email: _____

Skills, experience, interest *(circle all that apply)*

- | | | |
|-------------------------|----------------------------|------------------------|
| Finance, accounting | Personnel, human resources | Special events |
| Fundraising | Non-profit management | Community outreach |
| Program development | Program management | Program evaluation |
| Public relations, media | Advocacy, lobbying | Research, analysis |
| Education, instruction | Operations, logistics | Social/health services |
| Other _____ | Other _____ | Other _____ |

Submitted By

Name _____ Date _____

Phone _____ E-mail _____

Why do you think this person would be a good Board Member?

Has this person been contacted to determine interest in nomination? Yes No

If "yes," would he/she be willing to serve if elected? Yes No

Thank you for your nomination