

Application for Appointment to the Board of Directors Tri-County Action Program, Inc.

Name

Home Address:

Alternative Mailing Address:

Home Phone:

Work Phone:

Cell Phone:

Occupation:

e-mail address:

Tell us about yourself *(you may also attach a resume')*

What strengths and/or skills could you contribute to our board? (Please check all that apply)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Accounting/Fiscal Management | <input type="checkbox"/> Community & public relations | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Organizational Planning | <input type="checkbox"/> Public Speaking/Media | <input type="checkbox"/> Team Player |
| <input type="checkbox"/> Professional Linkage to Mission | <input type="checkbox"/> Strategic Thinker | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Knowledge of Organization's Services | <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Other _____ |

On what (if any) other boards have you served?

Charitable or community activities in which you have been involved:
(attach additional sheet if needed)

Availability to serve

Yes No Could you regularly attend board meetings (third Thursday of the month at 7:00 p.m.)

Yes No Would you attend a two-hour training session for new board members?

Please list any potential conflicts of interest with the organization

How many hours per month, in addition to board meetings, could you serve this organization?

If you are appointed to the board, please list your SSN

Why are you interested in serving on the Board of Directors?

What is our understanding of the mission of this organization?

List 2 references that can tell us about you:

Name:

Phone Number:

Address:

City, State, Zip:

email address:

Name:

Phone Number:

Address:

City, State, Zip:

email address:

Signature _____ Date _____

Return this form to: Lori Schultz - Executive Director
Tri-County Action Program, Inc.
PO Box 683
Waite Park, MN 56387