

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

Name: _____ **Home Phone:** _____
Occupation: _____ **Work Phone:** _____
Address: _____
Email address: _____ **County:** _____

Please check all that

- _____ Consumer Representative (must meet income guidelines)
_____ Private Community Representative
_____ Public Elected Official Representative
-

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"/> Organizational Planning |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Professional linkage to mission |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Knowledge of organization's services |
| <input type="checkbox"/> Community & public relations | <input type="checkbox"/> Public speaking/Media |
| <input type="checkbox"/> Strategic Thinker | <input type="checkbox"/> Team player |
| <input type="checkbox"/> Management/Leadership | <input type="checkbox"/> Other (please explain) _____ |

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

Could you regularly attend board meetings (Third Thursday of the Month @ 5:30 pm) Yes No

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? _____

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

Why are you interested in serving on the board of directors?

What is your understanding of the mission of this organization?

Two References that can tell us about you:

Name _____

E-mail address _____ Phone _____

Name _____

E-mail address _____ Phone _____

Signature _____ Date _____

Return this form to: Lori Schultz
Tri-County Action Program, Inc.
PO Box 683
Waite Park, MN 56387
General@tricap.org