

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

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_ **County:** \_\_\_\_\_

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**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)

\_\_\_\_\_

\_\_\_\_\_

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**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?

\_\_\_\_\_

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**Two References that can tell us about you:**

Name \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

E-mail address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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