

The CARE Project

Board of Directors Candidate Application

Date			
Name			
First	MI	Last	Familiar name
Parent	Professional	Both	
Residence			
Address			
Phone			E-mail
Employer			
Name			
Your title			
Address			
			E-mail
Type of busines	s or organization _		
Preferred methor	od of contact()	Residence En	mail () Work Email () Phone () Tex
Please list boa	ards and committ	ees that yo	ou serve on, or have served on (busine
civic, communit	y, fraternal, political,	, professional	l, recreational, religious, social).
Organization		Role/Title	Dates of Service



The CARE Project

Education/Training/Certificates			
Optional – Have you received any awar	rds or honors that you'd like to mention?		
Skills, experience and interests (Ple	ease circle all that apply)		
Nonprofit experience	Finance, accounting		
Fundraising	Education, instruction		
Policy development	Special events		
Grant writing	Public relations, communications		
Personnel, human resources	Outreach, advocacy		
Administration, management	Other		
Community service	Other		
Program evaluation	Other		
Please list any groups, organizations or bof The CARE Project.	ousinesses that you could serve as a liaison to on b		
Please tell us anything else you'd like to s	share.		



The CARE Project

How do you feel **The CARE Project** would benefit from your involvement on the Board?

According to the Bylaws of The CARE Project, each Board member will be required to sign an agreement/contract stating that he/she is committed to timely response to all communications from the Board and Board Office (Executive Director and Executive Staff). If any Board member is not able to respond to necessary communications in a timely manner (within 5 days) at least 80% of the time over a period of 3 months, the Executive Director will recommend termination of said Board member to the Board of Directors. (Amended 2/18/2017)

Thank you very much for applying