



**South Eastern Idaho
Community Action Agency**
Helping People. Changing Lives.

Application for Nomination to the Board of Directors

Name: _____ Social Security # (Will be asked for if nominated)

Address: _____ City _____ Zip _____

County: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Employer: _____ Address: _____

Fax: _____ E-MAIL: _____

Please send mail to: ___ My Home ___ My Work

Your Background

What Characteristics or skills could you contribute to our Board? (Please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Financial Experience | <input type="checkbox"/> Management | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Knowledge of Services |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Legal | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Housing Dvlpmnt/Mgmt | <input type="checkbox"/> Planning | <input type="checkbox"/> Low-income services |

Other involvements, skills or major interests: (please explain)

Civic/Community involvement: (please list and explain)

Participation on other Boards:

Your Ability to Serve

SEICAA Board Meetings are held the 3rd Wednesday of every other month, beginning in January, (generally recessing in the summer months (June-August); from 12 PM – 1:15 PM, in Pocatello. (You are required to attend most regular scheduled meetings board membership)

Will you attend regularly scheduled Board meetings? Yes No

Will you attend a training session for new Board Members? Yes No

Will you offer services & expertise as needed at times other than Board Meetings? Yes No

Why would you like to serve on SEICAA's Board?

Please write a brief statement of your understanding of the mission of the Southeastern Idaho Community Action Agency.

Please summarize the education, skills & expertise you would bring to SEICAA.

Board Member Definition

Which one of the following 3 Board Membership Sectors are you eligible to fill?

SEICAA has a 12-member tripartite Board of Directors. According to the Community Action Agency Bylaws, 1/3 of its members must be proportioned in the following 3 categories:

Public Sector: 1/3 of the members of the Board are elected public officials, currently holding office, or their representatives.

___ I am a current, elected public official _____
(Name of office & term of office)

___ I am a representative of _____
(Name of official, office & term of office)

Low-income Sector: 1/3 of the members of the Board are democratically elected representatives of low-income individuals and families.

___ I am qualified under this category because:

___ I represent low-income individuals & families

___ My income does not exceed current poverty guidelines.

Private Sector: 1/3 of the members of the Board are officials or members of business, industry, labor, religious, law enforcement, education, or other major groups and interests in the community served.

___ I am qualified under this category. Describe private sector affiliation: _____

Signed by: _____ Date: _____

Return application to: SEICAA, 641 N 8th Ave., Pocatello, ID 83201 or Fax to (208) 234-4429