



**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:** _____ **DOB** _____
Month / Day

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

Will you commit at least 25 hours annually of your time to this volunteer role in such capacity as: Fundraising, general communications, and regular Board and/or Board Committee meetings? Yes No

Can you secure a minimum of \$500/annually from businesses or individuals in the community in support of SEICAA's budget? Yes No

Are you willing to consider Board Committee roles in addition to the Board Member role? 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 or via email to information@seicaa.org