



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

**Application for Nomination to the Board of Directors**

**Name:** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(if applicable)

**Fax:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**Please send mail to:** \_\_\_ **My Home** \_\_\_ **My Work**  
*Social Security # will be asked for if nominated*

**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   |

Civic/Community involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participation on other Boards (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your Ability to Serve

SEICAA Board Meetings are held the 3<sup>rd</sup> Wednesday of each month @ noon in Pocatello. (8 of 12 yearly are required attendance for board membership) Will you attend regularly scheduled Board meetings?  Yes  No

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

Are you willing to sign "SEICAA's Conflict of Interest Statement" if elected to SEICAA's Board?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

## Board Member Definition

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

SEICAA has a 15 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: \_\_\_\_\_

\* Social Security # will be asked for at a later date.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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