

# SENIOR CENTER RESOURCES AND PUBLIC TRANSIT BOARD OF DIRECTORS APPLICATION

## NOMINEE INFORMATION

NAME OF NOMINEE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

### Work Experience

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

RETIREE: YES OR NO RETIRED FROM: \_\_\_\_\_

### Volunteer Experience

LIST EXPERIENCE:

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IF CALLED UPON, WOULD YOU BE ABLE TO VOLUNTEER:

DURING THE WEEK? YES OR NO

ON WEEKENDS? YES OR NO

WHAT DAYS? \_\_\_\_\_

## **Fundraising Experience**

HAVE YOU HAD ANY EXPERIENCE IN FUNDRAISING FOR NON-PROFIT ORGANIZATIONS?  
YES OR NO

WHAT TYPE? \_\_\_\_\_

HOW MANY HOURS PER WEEK COULD YOU VOLUNTEER TO PARTICIPATE IN A FUNDRAISER?

\_\_\_\_\_

## **GOALS**

WHY WOULD YOU LIKE TO SERVE ON THE BOARD OF DIRECTORS?

\_\_\_\_\_

\_\_\_\_\_

ARE YOU FAMILIAR WITH THE SERVICES OFFERED HERE AT S.C.R.P.T.?

\_\_\_\_\_

PLEASE LIST YOUR GOALS FOR S.C.R. P.T.?

\_\_\_\_\_

## **CONFLICT OF INTEREST**

LIST ANY POSSIBLE CONFLICTS OF INTEREST IF YOU ARE CHOSEN TO SERVE ON THE BOARD OF DIRECTORS:

\_\_\_\_\_

\_\_\_\_\_

DO YOU OR HAVE WORKED FOR THE DEPARTMENT OF HUMAN SERVICES?

YES OR NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES OR NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

NOMINEE PRINT NAME: \_\_\_\_\_

SIGNATURE OF NOMINEE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOMINATOR**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_