



**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 3rd 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 8th Ave., Pocatello, ID 83201 or Fax to (208) 234-4429