



**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: \_\_\_\_\_ 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 3<sup>rd</sup> Wednesday of each month from 12 – 1:15 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

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 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: \_\_\_\_\_

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

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