**BOARD OF DIRECTORS CANDIDATE APPLICATION**

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| --- | --- |
| **Date:** |  |

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| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
| **E-mail** |  | **Cell Phone** |  |

**Preferred method of E-mail contact:**  Work  Residence

**Why do you seek a position on The IDD Council of Tarrant County (IDD Council) Board?**

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**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

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| --- | --- | --- |
| Organization | Role/Title | Dates of Service |
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**Personal skills, experience or strengths that would benefit our organization?**

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Public relations/communications

Grant writing

Policy development

Program evaluation

Fundraising

Special events

Education, instruction

Community service

Outreach, advocacy

Other

Other

**Do you have a committee you’d like to serve on or a particular area of interest?**

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**Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of The IDD Council of Tarrant County.**

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***THIS FORM ALONG WITH YOUR CV OR RESUME IF PROVIDED WILL BE DISTRIBUTED TO BOARD MEMBERS ONLY.***

**For Board Use Only**

\_\_ Nominee was referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_ Nominee was mailed an application packet. Date \_\_\_\_\_\_\_\_

\_\_ Nominee had a personal meeting with chief executive, board chair, or other board member. Date \_\_\_\_\_\_

\_\_ Nominee’s application was reviewed by the nominating committee. Date \_\_\_\_\_\_

\_\_ Nominee was interviewed by the board. Date \_\_\_\_\_\_  
Action taken by the board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_