SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP
APPLICATION FOR BOARD MEMBERSHIP

Applicants are considered for all positions without regard to race, color, religion, national origin, martial or veteran status, or the presence of a non-job-related medical conditional or disability.
(PLEASE PRINT, DARK INK, DO NOT TYPE)

Date of Application: _____

NAME: _____
          Last   First   Middle

MAILING ADDRESS: _____
                   Number or Box #   Street   City   State   Zip

TELEPHONE: (____) _____
           area code/Is this a message phone? [] yes [] no

Have you ever been employed by SCCAP or served on the Board of Directors before?   [] Yes [] No

If yes, give date of employment: _____   Program: _____

Dates of Board service: _____   Could you attend evening meetings? [] yes [] no

County of residence?
[] Blaine   [] Camas   [] Cassia   [] Gooding   [] Jerome [] Lincoln   [] Minidoka   [] Twin Falls

Current employment: _____   _____
                    Name of employer   Your Title

_____   _____
Employer's Address   Phone Number

VOLUNTEER/COMMUNITY SERICE EXPERIENCE
List specifically experience that would contribute to serving on the Board at SCCAP:

    A. Name of Organization: _____

Mailing Address of Organization: _____

Title of Position: _____   Supervisor: _____

Dates: From: _____ To: _____ May we contact this organization [] Yes [] No

Duties (Be Specific): Use additional paper if needed.

B. Name of Organization: _____

Mailing Address of Organization: _____

Title of Position: _____ Supervisor: _____

Dates: From: _____ To: _____ May we contact this organization [] Yes [] No

Duties (Be Specific): Use additional paper if needed.

IN THE SPACE PROVIDED BELOW, LIST ANY WORK OR PREVIOUS BOARD EXPERIENCE THAT WOULD CONTRIBUTE POSITIVELY TO SERVING ON THE SCCAP BOARD OF DIRECTORS.

_____

_____

_____

_____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE AGENCY OR SERVING ON EITHER THE BOARD OF DIRECTORS OR ANY ADVISORY COMMITTEE? [] Yes   [] No

If so, who? _____

Have you ever been convicted of a felony? If so, please explain.

_____

_____

_____

South Central Community Action Partnership is a drug-free/alcohol-free/smoke-free workplace. All SCCAP employees and Board members are required to adhere to agency policies.

By my signature, I certify that all answers and statements on this application are true and complete to the best of my knowledge.

Signature: _____ Received by: _____
                                                                                                    Date & initial