

**SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP
SCCAP
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 home phone or cell phone? yes no

EMAIL: _____

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 SERVICE 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. PLEASE FEEL FREE TO ADD ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH WITH APPLICATION

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