



BOARD NOMINEE FORM

Nominee's Contact Information:

Name: _____

Address: _____

City: _____

Telephone: Daytime: _____

Telephone: Cell: _____

Email: _____

Organization/Affiliation (if applicable): _____

Employer/Position (if applicable): _____

Category of Service:

Elected Official or Representative. Position or appointed by: _____

Low Income Representative. Elected or appointed by (Organization Name) _____

Community Group Representative. Elected or appointed by (Group Name) _____

Please indicate in which of the following skills or experience that you possess:

Finance Planning/Management

Fundraising

Strategic Planning

Program Management

Management/Administration

Teaching/Education/Curriculum Development

Organizational Management

Economic Development

Human Resource Management

Attorney/Legal

Public Relations/Communication

Fund Development

Please list any affiliations or organizations you belong to (for example, membership organizations, professional or civic groups, etc.)

**** If possible, please attach a resume. ****

Nomination submitted by:

Name: _____

Organization/Affiliation: _____

Telephone: Daytime: _____

Telephone: Cell: _____

Email: _____

Please return the nomination form to:

**Tri County Community Action
ATTN: Jennifer Wintermyer
1514 Derry Street
Harrisburg, PA 17104**

Or, email to:

jwintermyer@cactricounty.org