



NOMINEE PROFILE

Full Name: _____
First Middle Last

Address: _____

Phone: _____ **Cell:** _____

Email: _____

Areas of Expertise: (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Fundraising/Fund Development | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Organizational Development |
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Program Development and Evaluation | |

Others: _____

Education/Professional Training: _____

Work Experience: _____

Organizational Membership/Affiliation: _____

Community Involvement: _____

Briefly Answer the Following Questions:

1. Why do you want to serve on the CAPSBC Board of Directors?

2. What relevant professional or personal experience would you bring to the Board?

3. What is your vision for the CAPSBC Board of Directors and how will you achieve it?

An acknowledgement receipt will be provided to each nominee upon submission of their nomination