Helping People. Changing Lives.
community Action PARTNERSHIP
AMERICA'S POVERTY FIGHTING NETWORK
Community Action Partnership of San Bernardino County

NOMINEE PROFILE

Full Name: _____
First *Middle* *Last*

Address: _____

_____

Phone: _____ **Cell**: _____

Email:

_____

Key Skills: (Please check all that apply)

_____ Fundraising/Fund Development
_____ Finance
_____ Public Relations/Marketing
_____ Program Development and Evaluation
_____ Law
_____ Research
_____ Organizational Development
_____ Advocacy/Outreach

Other Key Skills: _____

Education/Professional Training: _____

_____

Work Experience: _____

_____

Organizational Membership/Affiliation: _____

_____

Community Involvement with low-income residents: _____

_____

_____

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?

4. How are you involved in addressing the needs of low-income residents in your supervisorial district?

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