

Children's Advocacy Centers of Illinois

Fiscal Year 2020 Board Member Recommendation Form

Name of individual: _____

Address: _____ Phone: _____

_____ FAX: _____

_____ E-mail: _____

Profession: _____ Employer: _____

What knowledge of, experience with, or relationship to the State Chapter and/or a local CAC , if any, has this individual had?

What, if any, other board, non-profit organization, and/or civic experience does candidate possess (specify local, regional, state and national level)?

Which of the Chapter's Key Recruiting Criteria does this candidate fulfill and how?

Name of individual making recommendation: _____

Please return the completed form along with a letter of recommendation (and resume if available) to:

Kim Mangiaracino
kim@cacionline.org