

# COMMUNITY ACTION PARTNERSHIP OF KERN

## BOARD OF DIRECTORS

### APPLICATION

5005 Business Park North, Bakersfield, CA 93309

Phone: (661) 336-5236

Email: pram@capk.org

I would like to represent: ☐ Low-Income Sector ☐ Private Sector ☐ Government / Elected Officials

*For Low-Income Sector, please specify which region below:*

☐ East Kern County

☐ North Kern County

☐ South Kern County

☐ Metro Bakersfield

<b>Contact Information</b>	Name:		Date of Birth:			
	Business / Organization:		Title:			
	Home Address:		City:		Zip:	
	Phone:		Email:			
	Number of Years as a Kern County Resident:					

<b>Education</b>	Name & Location of School(s)	Major	Units Completed	Degree / Diploma Earned
	High School:			
	College:			
	College			
	Other			
	Professional Certificates and/or Licenses Held:			
	Are you presently taking any educational courses?			

<b>Employment</b>	Please list relevant employment experience & qualifications below:							
	Company Name:		Address:					
	Position Held:		Phone:		To:		From:	
	Briefly describe duties below:							
	Company Name:		Address:					
	Position Held:		Phone:		To:		From:	
	Briefly describe duties below:							
	Company Name:		Address:					
	Position Held:		Phone:		To:		From:	
	Briefly describe duties below:							

**Have you served on other nonprofit organization Boards? If so, please list them by name and the position you held:**

Organization Name:		Position:		Years Served:	
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Organization Name:		Position:		Years Served:	

**Other Memberships, Advisory Boards, Committees & Boards you have served on:**

**What personal skills or strengths of yours do you think would benefit Community Action Partnership of Kern?**

**What Special Skills / Knowledge will you bring to the Board?**

Please indicate your experience in the following areas by marking an "X" in the appropriate box:	Very Experienced	Some Experience	Little or No Experience
Strategic Planning			
Fundraising			
Board Development (Recruitment, Training, evaluation)			
Program, Planning & Evaluation			
Recruitment / Hiring & Evaluation of Key Personnel			
Financial Management & Control (Budgeting / Accounting)			

**Conflict of Interest Declaration:**

Any close relatives employed by CAPK? If yes, please list name & relationship	Name:		Relationship:	
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Do you have an economic interest in CAPK? If yes, please state interest:	
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Are you known by any current CAPK Board Members? If yes, please provide name(s)	
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I certify that the above is true and accurate.

Printed Name

Signature

Date

Resolution or letter from the organization, agency or group you are representing that supports your application to CAPK's Board of Directors must be attached, along with any other supplemental documentation you feel is relative to this application.

Please return completed forms to:

Pritika Ram, Director of Administration  
Community Action Partnership of Kern  
5005 Business Park North  
Bakersfield, CA 93309

For questions, please call (661) 336-5236 ext. 1142 or email [pram@capk.org](mailto:pram@capk.org)