

SHIFTCC Board Member Application

Candidate Name _____
Home Address _____
Phone _____ Work Phone _____
Email: _____
Preferred method of contact _____

1. Describe your relevant experience:
2. Describe the contribution you feel you can make to further the mission of SHIFTCC:
3. Describe prior experience as a Board Member for other nonprofit organizations:
4. What other volunteer commitments do you currently have?
5. The SHIFTCC Board meets quarterly. Meetings generally last no longer than two (2) hours. Are you willing to attend quarterly meetings and participate in additional committee meetings on behalf of SHIFTCC?
6. Why are you interested in serving as a Board Member for SHIFTCC?
7. Please share any other information you feel is important for consideration of your application

For Board Use:

Nominee has had a personal meeting with either an Officer of the Board or an executive of SHIFTCC Date _____

Nominee has been reviewed by the Nominating committee of the Board Date _____

Nominee has been proposed to the Board Date _____

Board Action ____Elected ____Rejected Date _____