

Southern Colorado Community Action Agency, Inc.  
Post Office Box 800 • Ignacio, Colorado 81137  
Phone 970 563-4517 • Fax 970 563-4504

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**Board of Directors Candidate Application**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Why are you interested in joining our organization? \_\_\_\_\_

How will SoCoCAA benefit from your participation? \_\_\_\_\_

Please list any groups, organizations or businesses for which you could serve as a liaison on behalf of SoCoCAA.

Have you served on other nonprofit organization boards? If so, please list them and describe your involvement:

What other volunteer commitments do you currently have? \_\_\_\_\_

What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas.	Very experienced	Some experience	Little or no experience
Fundraising			
Legal			
Early Care Education			
Board Development (recruitment, training, evaluation)			
Program planning and evaluation (trainings, outreach)			
Financial management and control (budgeting, accounting)			
Public policy, legislative advocacy			
Communication, public and media relations			
Public speaking			
Strategic planning			
Information technology (website, etc.)			
Writing, publications			
Special events (planning and implementing)			
Other:			

For the items you checked as “very experienced” or “some experience”, please provide details.

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Are you able to make a two year commitment? \_\_\_\_\_

Are you able to attend monthly board meetings? \_\_\_\_\_

Are you able to actively participate on at least one committee? \_\_\_\_\_

Whom may we contact as a reference, and how do they know you? \_\_\_\_\_

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**For Board Use Only**

\_\_\_\_ Nominee was referred by: \_\_\_\_\_

\_\_\_\_ Nominee’s application reviewed by the Board Development Committee. Date: \_\_\_\_\_

\_\_\_\_ Nominee meets with the Executive Director, Board Chair or other board members. Date: \_\_\_\_\_

\_\_\_\_ Nominee’s referral presented to Board of Directors. Date: \_\_\_\_\_

**Action taken by board** \_\_\_\_\_

