

## **Board of Directors Application Form**

CONTACT INFORMATION				
First Name: Middle Init	rial: Last N	Vame:		
Home Address:	Apartr	ment/Unit:		
City:	State:	ZIP Code: _		
Preferred Phone Number for CAP-HC Communication	ns:			
	Choose One:	O Home	O Work	O Mobile
Preferred Email Address for CAP-HC Communication	ıs:			
	Choose One:	O Home	O Work	
CURRENT EMPLOYMENT INFOMATION				
Company:		Years with Co	mpany:	
Job Title:				
Your Work Address:	Ар	oartment/Unit:		
City:	State:	ZIP Code: _		
Optional – You may submit your resumé with this app	olication form.			
EDUCATION				
Education, Affiliations, Trainings, and Certifications				

VOLUNTEER EXPERIENCE		
Organization(s)	Role(s)	Dates of Service
Please list any other boards and/or committees on w		
Organization(s)	Role(s)	Dates of Service
CAP-HC INTEREST		
Why are you interested in serving on CAP-HC's Boa	rd of Directors?	
Do you have any experience with issues that impact	people with low incomes?	
Each CAP-HC board member serves on a Board Co on which you'd be willing to serve.	mmittee. Please indicate at least one of t	he following committees
Finance and Audit Committee	Human Resources Cor	nmittee
<ul><li>Program Planning and Evaluation Committee</li><li>Bylaws and Governance Committee</li></ul>	e □ Fund Development Co	ommittee
If not already stated above, please list any additional CAP-HC's Board of Directors.	al skills, experience, and knowledge you	would bring to

## FOR PRIVATE SECTOR CANDIDATES ONLY

The Private Sector of CAP-HC's Board of Directors includes representatives from different fields, racial and ethnic groups, historically underrepresented groups, and other private groups with interests in the community at large, whose mission and/or purpose is compatible with CAP-HC's goals. These groups and interests will be identified and selected by the Board to ensure an ongoing and effective mechanism for securing broad and diverse Private Sector involvement.

Please list	your field in the	private sector:

## FOR COMMUNITY SECTOR CANDIDATES ONLY

The Community Sector of CAP-HC's Board of Directors includes representatives that reflect the community CAP-HC serves and other community groups whose mission and/or purpose is compatible with CAP-HC's goals. These groups and interests will be identified and selected by the Board to ensure an ongoing and effective mechanism for securing broad and diverse Community Sector involvement.

Do either of the following apply to you?

		I am eligible for energy	assistance,	subsidized housing,	WIC, food stamps,	or other supplemental	assistance
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		My household	meets one	of the incom-	e guidelines	below:
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Household Size	Maximum Annual Gross Household Income*
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$ <i>75</i> ,300
6	\$86,300
7	\$97,300
8	\$108,300
9	\$119,300

<sup>\*</sup>Gross income - total earnings before taxes and other deductions

## **SIGNATURE**

I certify that my answers are true and complete	to the best of my knowledge.
I am providing my signature electronically by ty	ping my first and last name below.
Signature:	Date:

Please send completed applications, and resumé if opting to include one, to CAP-HC in one of the following ways:

- Email: jmclaughlin@caphennepin.org
- Mail: Community Action Partnership of Hennepin County Attn: Jalynn McLaughlin
  7101 Northland Circle N, Suite 123 Brooklyn Park, MN 55428