

Board of Directors Application Form

CONTACT INFORMATION					
First Name: Middle Initi	ial: Last N	\ame:			
Home Address:	Apartment/Unit:				
City:	State:	ZIP Code: _			
Preferred Phone Number for CAP-HC Communications:					
	Choose One:	O Home	O Work	O Mobile	
Preferred Email Address for CAP-HC Communication	s:				
	Choose One:	O Home	O Work		
CURRENT EMPLOYMENT INFOMATION					
Company:		Years with Cc	mpany:		
Job Title:					
Your Work Address:					
City:	State:	ZIP Code: _			
Optional – You may submit your resumé with this application 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 wh Organization(s)	ich you currently or have previo Role(s)	busly served. Dates of Service
CAP-HC INTEREST		
Why are you interested in serving on CAP-HC's Board	l of Directors?	
Do you have any experience with issues that impact po	eople with low incomes?	
Each CAP-HC board member serves on a Board Com on which you'd be willing to serve.	mittee. Please indicate at least o	ne of the following committees
 Finance and Audit Committee Program Planning and Evaluation Committee Bylaws and Governance Committee 	☐ Human Resourc☐ Fund Developm	
If not already stated above, please list any additional CAP-HC's Board of Directors.	skills, experience, and knowled	ge 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.
- My household meets one of the income guidelines below:

Household Size	Maximum Annual Gross Income* Guidelines
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440

^{*}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 typing my first and last name below. 	
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Please send completed applications, and resumé if opting to include one, to CAP-HC in one of the following ways:

- Email: ttody@caphennepin.org
- Mail: Community Action Partnership of Hennepin County

Attn: TaMicá Tody

7101 Northland Circle N, Suite 123

Brooklyn Park, MN 55428