



Community Action Partnership of Hennepin County Board of Directors Application

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail: _____

Preferred Contact # _____ Home/Work/Cell

Preferred Email address _____

Work Experience

Company: _____ Years with Company: _____

City: _____ Job Title: _____

Work Address: _____
Street Address Suite/Unit #

City State Zip Code

Work Phone: _____ Work E-mail: _____

Attach Resume (optional)

Education

Education/Affiliations/Trainings/Certificates

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Experience

Organization:

Role:

Dates of Service:

Other Volunteer Commitments

Please list all other boards/committees on which you currently serve or have previously served:

Organization:

Role:

Dates of Service:

CAP-HC Interest

Why are you interested in serving on the CAP-HC Board of Directors?

Do you have any experience with issues that impact people in poverty?

Board Committees: *Please choose at least one of the following:*

- | | |
|---|--|
| <input type="checkbox"/> Finance & Investment | <input type="checkbox"/> Program Planning & Evaluation |
| <input type="checkbox"/> Bylaws & Governance | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Human Resources | |

Skills, experience and knowledge I will bring to the Board of Directors:

Private Sector Candidate

The Private Sector shall include representatives from different fields and/or significant minority groups, or other major private groups with interests in the community at large, whose mission and/or purpose is compatible with the goals of CAP-HC. These groups and interests shall 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:

Community Sector Candidate

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

Do any of the following apply to you?

- I am eligible for energy assistance, subsidized housing, WIC, food stamps, or other supplemental assistance.
- I meet one of the income guidelines below.

Household Size	Income Guidelines
1	\$25,520
2	\$32,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

I certify that my answers are true and complete to the best of my knowledge.

Signature

Signature: _____ Date: _____

Please complete and send application and resume (optional) to:

Community Action Partnership of Hennepin County

Attn: Theresa Lumpkins

8800 Highway 7, Suite 401

St. Louis Park, MN 55426

or e-mail to tlumpkins@caphennepin.org.