



Touching Lives, Transforming Communities

Visit the CAP Agency website at www.capagency.org

**Community Action Partnership (CAP)
APPLICATION FOR BOARD OF DIRECTORS**

Directions: Please complete this application and send a copy, along with your biography and a letter of interest, to:

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| CAP Agency - Board Membership Application Attn: Jeff Hansen, Executive Director 712 Canterbury Road South Shakopee, MN 55379 Fax: 952-402-9815 Email: jhansen@capagency.org | For additional information, contact John Green, Board Chair at jgreen0211@gmail.com |
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|----------------|----------------------|
| Name: | Date of Birth: |
| Home Phone: | Address: |
| Work/ Phone: | City/State/Zip: |
| Cell Phone: | County of Residence: |
| Email Address: | |

Signature: _____ **Date:** _____

1. Please attach a short biography (300 words or less) as well as a statement as to why you would like to serve on the CAP Board of Directors.

2. Please indicate below what areas you have experience in, and number of years.

| Area | Experience Yes/No | Brief Details | Number of Years |
|--|------------------------------|----------------------|----------------------------|
| Fiscal management/Accounting | | | |
| Legal experience | | | |
| Early childhood development | | | |
| Homelessness (either working with the homeless community or having experienced homelessness) | | | |
| Fundraising/financial development | | | |

3. Please provide a statement as to why you would like to serve on the CAP Board of Directors.

4. Have you done any volunteer work? If so, in what capacity?

5. What experience or skills can you offer the CAP Agency as a Board Member?

6. Have you served on any other Boards? If so, what agency or organization?

7. What types of experience have you had in fundraising and/or financial development?

8. What goals would you have as a Board Member?

**9. Are you related to any Scott-Carver-Dakota CAP Agency employee or Board member?
If yes, give name and relationship of CAP employee or Board member.**