Nomination form for THE EVOLVE BOARD OF DIRECTORS EVOLVE Family Services

5850 Omaha Ave. N. • Oak Park Heights, MN • 55082

Phone: 651.439.2446 • Fax: 651.439.2071

PERSONAL INFORMATION

DATE:		
NAME:		
PHONE:	SECONDARY:	
HOME ADDRESS:		
CITY/STATE/ZIP:		
OCCUPATION:	WORK PHONE:	
ORGANIZATION:		
BUSINESS ADDRESS: _		
_		
_		
EMAIL ADDRESSE(S): _		
Please send mail to my ((home/business) address. (Circle one)	
Please send emails to		addross

SCREENING FOR BOARD OF DIRECTORS

What education or skills could you contribute to the EVOLVE board? (Select all that apply).

Accounting	Marketing		
Investing Advice	Fundraising		
Office Assistance Education			
Social Work	Public Relations		
Management	Knowledge of Adoption		
Other (please specify below)			
Your Availability	V	NIa	
	Yes	No	
Could you regularly attend board meetings?			
Would you contribute financial support?			
Would you participate in fundraising?			
Would you attend a training session?			
Other information			
What other boards have you serves on?			
What Leadership or Board training have you	received?		
What public agency contacts do you have?			
What cornorate affiliations do you have?			

EMPLOYMENT HISTORY (most recent first)

Position	Company/Organization	Start Date	End Date	
Involvement i	in Civic, Professional, and/or Re	eligious Organizatio	ons	
Organization		Date of M	Date of Membership	
Why are you ir	nterested in in serving on the EVC	DLVE Board?		
What is your u	nderstanding of the role of a Boa	rd Member?		
References (na	ame, address, phone, relationship))		