

# Application for Appointment to the Board of Directors

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## Background Information

1) **Special Skills/Areas of Expertise** – Please check all special skills or areas of expertise you would contribute to Cass County CASA:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Administration  | <input type="checkbox"/> Child Welfare    | <input type="checkbox"/> Corporate Contacts* |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Facilities Mgt. | <input type="checkbox"/> Grant Writing    | <input type="checkbox"/> Human Resources     |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Legal           | <input type="checkbox"/> Legislation      | <input type="checkbox"/> Marketing           |
| <input type="checkbox"/> Planning            | <input type="checkbox"/> Programming     | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Training            |
| <input type="checkbox"/> Other:              |  |   |  |

\*List contacts you could provide for Cass County CASA

\_\_\_\_\_  
\_\_\_\_\_

2) What current boards do you serve on? (Please list organization, how long you have served and when your term expires) \_\_\_\_\_

\_\_\_\_\_

3) What other boards have you served on? \_\_\_\_\_  
\_\_\_\_\_

4) Other charitable or community activities which you have been/or are presently involved?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Availability for Meetings**

The board meetings are currently held on the 3rd Monday at 5:30 PM at the Historic Courthouse.

1) Could you regularly attend these meetings? \_\_\_\_ Yes \_\_\_\_ No If no, please list conflicts  
\_\_\_\_\_

### **Your Views on Cass County CASA**

1) Why are you interested in becoming a board member?

2) Please provide a brief statement of what strengths you see yourself bringing to the Board.

## References

(Please list names, addresses and daytime phone numbers of references)

<i>Name</i>	<i>Address</i>	<i>Phone</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to:  
Cass County CASA  
120 N. Broadway, Suite 215  
Cassopolis, MI 49031