

Application for Appointment to the Board of Directors

Name _____ Occupation _____

Home Address _____

City/State _____ Zip _____

Phone (____) _____ Cell (____) _____

Email _____

Business Address

City/State _____ Zip _____

Phone (____) _____

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 Tuesday at 4:00 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
(269) 445-4431
www.casscocasa.org