



UKIAH VALLEY ASSOCIATION FOR HABILITATION

P.O. BOX 689 Ukiah, CA 95482

707-468-8824

Board of Directors Candidate Application

Name, phone, email address of organizational representative:

Please return this application to the above address by (date): _____

Date _____

Name _____
First MI Last Familiar name

Residence

Address _____

Phone _____ E-mail _____

Employer

Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact () Work () Residence

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel **(name of org)** would benefit from your involvement on the Board?

Skills, experience and interests (Please circle all that apply)

Finance, accounting

Personnel, human resources

Administration, management

Nonprofit experience

Community service

Policy development

Program evaluation

Public relations, communications

Education, instruction

Special events

Grant writing

Fundraising

Outreach, advocacy

Other _____

Other _____

Other _____

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **(name of org)**.

Please tell us anything else you'd like to share.

Thank you very much for applying