



Board of Directors Candidate Application

Name, phone, email address of organization's 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, 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 ITAC would benefit from your involvement on the Board?

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

- | | |
|----------------------------------|------------------------|
| Finance, accounting | Education, instruction |
| Personnel, human resources | Special events |
| Administration, management | Grant writing |
| Nonprofit experience | Fundraising |
| Community service | Outreach, advocacy |
| Policy development | Other _____ |
| Program evaluation | Other _____ |
| Public relations, communications | Other _____ |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of ITAC.

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

Thank you for applying!

P.O. Box 32 - 2111 Girdle Road, Elma, NY 14059 - (716) 652 3000 ext.5231
ITAC - It Takes A Community Drug & Alcohol Prevention Coalition
Email: itacemw@gmail.com
www.itacemw.com