



Lakes & Prairies Community Action Partnership, Inc.

Board of Directors

Nominee Data Sheet

Name: _____ Home/Cell Phone: _____

Address: _____ Work Phone: _____

Email address: _____

Sector you wish to represent: () Low-income Sector () Private Sector () Elected Official

How did you find out about the opening on our board?

Do you know any of our current board members? (See attached list)

QUALIFICATIONS: (Include length of residency in county, related paid or volunteer work experience, hobbies, interests, etc.)

Describe why you would be the best candidate to represent the low-income county residents on the Lakes & Prairies Board of Directors?

NOTE: To be elected to represent the low-income population in the county, the nominee need not be low-income.

I understand the information disclosed on this form may be released in publicity releases regarding the election.

If elected, I agree to serve at monthly meetings of the Board of Directors for a three-year term.

Date

Signature