



Committee Nomination Form

Nomination to sit on the _____ Committee

As a Chairperson or Committee Member (circle one)

Self-Nominated or Nominated by: _____

Name: _____

Home address: _____

Phone number: _____ E-mail address: _____

Employment/Position: _____

What makes this person a great candidate for the Committee Position?

Please highlight any of the following skills or experience that the candidate possesses.

Finance, accounting

Grant writing

Fundraising and special events

Public relations, communications

Other _____

Management, administration

Nonprofit experience

Teaching experience, curriculum development

Contacts, networking

Other _____

Affiliations or organizations the candidate belongs to (e.g., membership, professional, civic).

Submitted by

Name: _____ Date: _____ Email: _____

Has this person been contacted to determine their interest in being nominated?

___ Yes

___ No

If "yes," would he/she be willing to serve if elected? ___ Yes

___ No