

Jefferson County Community Partnership **Board Candidate Information Form**

The mission of Jefferson County Community Partnership is to achieve positive results in Jefferson County by identifying concerns, locating resources, and facilitating change through community collaboration.

Date: _____

How did you hear about JCCP? _____

Candidate Name: _____

Mailing Address: _____ home business

Occupation/Employer: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____ Email: _____

Demographic Information: To assist the Nominating Committee in assuring balanced representation on the Board of Directors, please check the appropriate boxes.

Candidate is:

- Male Female
- 18-21 22-30 30-50 50-70 over 70
- Caucasian African American Other ethnicity: _____

Areas of Knowledge/Expertise/Influence Willing to Share With Organization:

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Child/Adolescent Programs | <input type="checkbox"/> Law |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Spiritual Leader | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Not-for-Profit Management | <input type="checkbox"/> Fund Raising/Development |
| <input type="checkbox"/> Personnel Administration | <input type="checkbox"/> Legislative Advocacy | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Real Estate Developer |
| <input type="checkbox"/> Union Representation | <input type="checkbox"/> Other: _____ | |

Which committee(s) would you be interested in serving on for JCCP:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Finance/Personnel | <input type="checkbox"/> Governance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |

What do you have to offer the JCCP Board? _____

What previous volunteer experience have you had with JCCP? _____

What volunteer/board experience have you had with other organizations? _____

Please provide information on outside interests or any other information about yourself that you feel may be relevant to serving the JCCP mission. Why do you want to serve on the JCCP Board?

PLEASE PROVIDE AT LEAST 3 REFERENCES

References:	Name/Company	Address	Phone #	Years Known
Personal				
Personal				
Employment				
Employment				
Membership/Organization				
Membership/Organization				

Please mail or fax this completed form to:

Nominations Committee, JCCP
 3875 Plass Road, Building A
 Festus, MO 63028

Or Fax to: (636) 465-0987

Or Email to: execdirector@jccp.org

Thank you for your interest in Jefferson County Community Partnership!

Office Use Only
First Review: _____
2 nd Review: _____
Distributed to: _____
Disposition: _____
