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**Dqctf 'Cr r nec vkqp 'Hqt o**

1. Candidate Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Current position/employer: \_\_\_\_\_

3. Relevant Experience and/or Employment. Please attach resume.

4. Please check area(s) of expertise/contribution you feel you can make to further the mission of YPSA:

Fundraising	Policy Development	Community Service	
Special Events	Strategic Planning	Evaluation	Technology
20 Under 40	Legislative Contacts	Other: _____	

5. Please list prior experience serving as a Board member for other non-profit organizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What other volunteer commitments do you currently have?

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7. Why are you interested in serving as a Board member for YPSA?

8. Please share any other information you feel important for consideration of your application to serve as a YPSA Board member.

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***For Board Use***

Nominee has had a personal meeting with either Executive Director, Board Chair, or other Board member. Date \_\_\_\_\_

Nominee reviewed by the committee. Date \_\_\_\_\_

Nominee proposed to the Board. Date \_\_\_\_\_

Board action                      Elected                      Rejected                      Date \_\_\_\_\_