



Florida Network of Children's Advocacy Center (FNCAC) Board Application Form

1. Candidate Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	
Email _____		

2. Current position/employer: _____

Address: _____

Do you currently work for a CAC or CPT and/or serve on the Board of your local CAC or CPT? YES NO

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

4. Please circle area(s) of expertise/contribution you feel you can make to further the mission of FNCAC:		
Fundraising	Policy Development	Public Policy Advocacy
Special Events	Strategic Planning	Program Evaluation
Technology	Capital Campaign	Legislative Contacts
Military or Tribal	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?

7. Please describe your interest in serving on the FNCAC's Board of Directors:

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

For Board Use (date and initial)

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

Nominee reviewed by the committee.

Nominee proposed to the Board.

Membership action taken: Elected Rejected