**Board of Directors  
*Prospect Questionnaire***

Please complete the following information for consideration by the Nominating Committee for the Board of Directors.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | |
| Position Title | | | | | |  | | | | | | | |
| Address | | |  | | | | | | | | | | |
| City |  | | | | | | | | State |  | | Zip |  |
| Phone | |  | | | | | Cell |  | | | Fax |  | |
| Email | |  | | | | | | | | | | | |
| Website | | | |  | | | | | | | | | |

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| --- |
| Why do you want to serve on the Capital Area Community Action Agency Board of Directors? |
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Please return this completed form with a signed Agreement and signed Conflict of Interest Policy. Please also include a bio or resume with your packet. Thank you.