



*Touching Lives, Transforming Communities*

Visit the CAP Agency website at [www.capagency.org](http://www.capagency.org)

**Community Action Partnership (CAP)  
APPLICATION FOR BOARD OF DIRECTORS**

**Directions:** Please complete this application and send a copy, along with your biography and a letter of interest, to:

<b>CAP Agency - Board Membership Application</b> <b>Attn: Jeff Hansen, Executive Director</b> 712 Canterbury Road South Shakopee, MN 55379 Fax: 952-402-9815 Email: <a href="mailto:jhansen@capagency.org">jhansen@capagency.org</a>	<b>For additional information, contact</b> <b>Beverly Higdem, Board Chair</b> at <a href="mailto:bhigdem@capagency.org">bhigdem@capagency.org</a>
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Name:	Date of Birth:
Home Phone:	Address:
Work/ Phone:	City/State/Zip:
Cell Phone:	County of Residence:
Email Address:	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Please attach a short biography (300 words or less) as well as a statement as to why you would like to serve on the CAP Board of Directors.**

**2. Please indicate below what areas you have experience in, and number of years.**

<b>Area</b>	<b>Experience Yes/No</b>	<b>Brief Details</b>	<b>Number of Years</b>
Fiscal management/Accounting			
Legal experience			
Early childhood development			
Homelessness (either working with the homeless community or having experienced homelessness)			
Fundraising/financial development			

**3. Please provide a statement as to why you would like to serve on the CAP Board of Directors.**

**4. Have you done any volunteer work? If so, in what capacity?**

**5. What experience or skills can you offer the CAP Agency as a Board Member?**

**6. Have you served on any other Boards? If so, what agency or organization?**

**7. What types of experience have you had in fundraising and/or financial development?**

**8. What goals would you have as a Board Member?**

**9. Are you related to any Scott-Carver-Dakota CAP Agency employee or Board member?  
If yes, give name and relationship of CAP employee or Board member.**