

**SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP  
SCCAP  
APPLICATION FOR BOARD MEMBERSHIP**

Applicants are considered for all positions without regard to race, color, religion, national origin, martial or veteran status, or the presence of a non-job-related medical conditional or disability.

**(PLEASE PRINT, DARK INK, DO NOT TYPE)**

Date of Application: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
Number or Box # Street City State Zip

TELEPHONE: ( ) \_\_\_\_\_  
Area code/Is this a home phone or cell phone?  yes  no

EMAIL: \_\_\_\_\_

Have you ever been employed by SCCAP or served on the Board of Directors before?  Yes  No

If yes, give date of employment: \_\_\_\_\_ Program: \_\_\_\_\_

Dates of Board service: \_\_\_\_\_ Could you attend evening meetings?  yes  no

County of residence?  
 Blaine  Camas  Cassia  Gooding  Jerome  Lincoln  Minidoka  Twin Falls

Current employment: \_\_\_\_\_  
Name of employer Your Title

\_\_\_\_\_  
Employer's Address Phone Number

**VOLUNTEER/COMMUNITY SERVICE EXPERIENCE**

*List specifically experience that would contribute to serving on the Board at SCCAP:*

A. Name of Organization: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

Title of Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact this organization  Yes  No

Duties (Be Specific): Use additional paper if needed.

B. Name of Organization: \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

Title of Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ May we contact this organization  Yes  No

Duties (Be Specific): Use additional paper if needed.

IN THE SPACE PROVIDED BELOW, LIST ANY WORK OR PREVIOUS BOARD EXPERIENCE THAT WOULD CONTRIBUTE POSITIVELY TO SERVING ON THE SCCAP BOARD OF DIRECTORS. PLEASE FEEL FREE TO ADD ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH WITH APPLICATION

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DO YOU HAVE ANY RELATIVES EMPLOYED BY THE AGENCY OR SERVING ON EITHER THE BOARD OF DIRECTORS OR ANY ADVISORY COMMITTEE?  Yes  No

If so, who? \_\_\_\_\_

Have you ever been convicted of a felony? If so, please explain.

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South Central Community Action Partnership is a drug-free/alcohol-free/smoke-free workplace. All SCCAP employees and Board Members are required to adhere to agency policies.

By my signature, I certify that all answers and statements on this application are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Received by: \_\_\_\_\_

Date & initial