

Seward County CASA
Board of Directors Application of Interest
Please Complete the Following

The Board of Directors of the Seward County CASA program is requesting nominations for new board members. Board responsibilities include monthly meetings, as well as committee involvement and other activities as deemed necessary by the board, financial commitment to our program and the Nebraska State CASA Association. This is a working board committed to diversity and to supporting the mission of the Seward County CASA program.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Fax: _____

E-Mail Address: _____

Place of Employment: _____

Job Title: _____

Have you served on other boards? (circle one) Y N

If yes, please complete the following section:

Organization 1: _____ Position: _____

Dates of Service: _____ Reason for Leaving: _____

Can we contact the board president as a reference? (circle one) Y N

Name: _____ Phone: _____

Organization 2: _____ Position: _____

Dates of Service: _____ Reason for Leaving: _____

Can we contact the board president as a reference? (circle one) Y N

Name: _____ Phone: _____

Organization 3: _____ Position: _____

Dates of Service: _____ Reason for Leaving: _____

Can we contact the board president as a reference? (circle one) Y N

Name: _____ Phone: _____

Please attach a separate sheet if you have other organizations to list.

Please list any educational degrees you may have.

Have you ever been convicted of a felony? (circle one) Y N

If yes, explain: _____

Please list the skills you possess that would be of benefit to the board:

Are you aware that a commitment to the board of directors entails monthly meetings as well as active committee assignments? (circle one) Y N

Are you aware of any conflict of interest that exists between you and the Seward County CASA program? (circle one) Y N

If yes, explain: _____

In 75 words or less, please provide a personal statement describing your interest in becoming a member of the Seward County CASA program board of directors (use the back of this application or attach a separate sheet). This statement, in addition to your skills and experience, will be provided to all board members and Director.

Have you reviewed all the materials in the prospective board packet that you received? Y N

Signature: _____

Date: _____

All applications for nomination should be returned to Seward County CASA for nomination consideration at our next board meeting which is held the first Monday of each month.
Please return this form to:
Seward County CASA
PO Box 215, Seward, NE 68434
If you have questions, please contact the Director at 402-643-3695