



317 Happy Day Blvd. Suite 250 Caldwell, ID 83607

### APPLICATION FOR NOMINATION TO THE BOARD OF TRUSTEES

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Region: WEST CENTRAL EAST County: \_\_\_\_\_  
(Check One)

Are you related to anyone employed at CC Idaho:  YES  NO

**BOARD MEMBER DEFINITION:** Which one of the following (3) Three Board Member Sectors are you eligible to fill?

CC Idaho has a 14 member tripartite Board of Trustees, 1/3 of its members must be in each of the following three categories:

1) Public Sector: 1/3 of the members of the Board are elected public officials, holding office on the date of selection, or their representatives, employed in state or federal agencies, on school board:

\_\_\_ I am a current elected public official \_\_\_\_\_  
Name of Office & Term

\_\_\_ I am a representative of \_\_\_\_\_  
Name of Official, Office & Term of Office

\_\_\_ I am currently employed \_\_\_\_\_  
Federal or State Agency

\_\_\_ I am currently on the school board at \_\_\_\_\_

2) Low-Income Sector: 1/3 of the members are representative of low-income individuals and families in the neighborhood served current or previous parents of our MSHS children.

\_\_\_ I am qualified under this category because  
\_\_\_ I am a migrant or seasonal farmworker  
\_\_\_ My income does not exceed current poverty guidelines  
\_\_\_ I live in a low-income neighborhood  
\_\_\_ I'm a current or former parent of children who are enrolled, or were formerly enrolled in Head Start programs.

3) Professional Sector: 1/3 of the member of the Board are official or members of business, industry, labor, religious, law enforcement, education or other major group and interests in the community served with preference given in the categories listed below :

\_\_\_ I am qualified under this category because my expertise is in the following field (Check below)

- Early Childhood Education       Fiscal Management/Accounting       Licensed Attorney  
 Workforce Development       Medical/Health       Housing/HUD/Rural Development

**BUSINESS, PROFESSION OR EMPLOYMENT**

Briefly describe your place of business or place of employment. Tell what, if any, the relationship of your business or professional involvement is with regard to farmworkers and low-income people.

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**PERSONAL INFORMATION**

Please provide a brief synopsis about yourself, your background, etc., so that the Committee can gain a feeling of who you are – what your experiences have been. You might include such details as your family background, your educational experiences, any previous experience with Community Council of Idaho, Inc. or other programs for low-income people, or anything else that will give the Committee a feel for you as a person and a prospective Board Member.

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Please attach BIO

**PARTICIPATION ON OTHER BOARDS:**

<u>Name of Organization</u>	<u>Area Served</u>	<u>Purpose or Kind of Services Provided</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOUR ABILITY TO SERVE:**

CC Idaho Board Meetings are scheduled at a minimum four times a year in Caldwell, Twin Falls or Idaho Falls. Will you attend regularly scheduled Board meetings?  Yes  No

Will you offer services & expertise as needed at times other than Board Meetings?  Yes  No

Why would you like to serve on Community Council of Idaho's Board? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a brief statement of your understanding of the mission of Community Council of Idaho: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please summarize the education, skills & expertise you would bring to CC Idaho \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Board Member Responsibilities:** Make every effort to move the organization toward fulfillment of its promise to the disadvantaged. Fulfill operational and programmatic responsibilities. Be fully informed of all relevant matters, read all materials that are sent via mail before the board meets. Attend board meetings, participate in the meetings and be respectful at all time to your peers at the board level. Accept assignments on committees. Continually assess whether the Board is organized adequately to fulfill its role of community leadership.

**Release for Criminal Background Investigation**

I hereby authorize CC Idaho to receive criminal background information including copies of my past and present law enforcement records. This criminal background investigation is being conducted for the purpose of evaluating my suitability to serve on the Board of Trustees of CC Idaho. The release of information pertaining to this criminal background investigation is expressly authorized.

The criminal history record, as received from reporting agencies, may include arrest and conviction data as well as a plea-bargaining and deferred adjudication. I understand that I will have an opportunity to view the criminal history, and a procedure is available for clarification, if I dispute the record as received. I understand that information contained in the criminal background report may result in my application to the Board of Trustees being denied. If adverse information is contained in my report, I understand that I will be notified by CC Idaho and will be asked to provide information in writing to CC Idaho.

I understand that reasonable efforts will be made by CC Idaho to protect the confidentiality of this information. I further understand that the results of the criminal background check may be reviewed by the Board, Executive Director, CC Idaho attorney and CC Idaho administrative staff on a need-to-know basis. This information is for internal use only and will not be released to anyone outside of CC Idaho.

I, the undersigned, do release, discharge and hold harmless CC Idaho and its agents from all causes of action, suits, liabilities, costs, damage, claims and any related legal fees resulting from investigation of my background and/or in providing such information. I hereby further release CC Idaho, its agents, officers, board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of this information.

I agree that a photocopy of this authorization may be accepted with the same authority as the original.

I certify that the following is my true and complete legal name and all information contained in this application is true and correct to the best of my knowledge. I understand that any false information stated in this application will disqualify me from serving on the Board of Trustees of CC Idaho.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

CC Idaho Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please print or type all names you have used in the past (use other side of page if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return application to: Community Council of Idaho, Inc. ATTN: Lisa Lopez – 317 Happy Day Blvd., Ste. 250, Caldwell, Idaho 83607 or fax to (208) 459-0448.