

## **Board of Directors Application Form**

The information you provide is voluntary and will only be used for the purpose of determining an appropriate fit for membership on the Board of Directors of the Gage County CASA Program. The information will be shared only with members of the CASA Board and staff and will be kept in confidence. Statistical and demographic data will be used only in aggregate form.

Full name:	
Occupation Title: _	
Organization:	
Organization:	

confidence. Statistical and demographic data will be used only in aggregate form.	
Home Addres	ss:
Street	
Town/State	
Zip	
Home/Cellular Number	
Email Address	
Please list current or pre	evious membership in professional organizations or mmittees:
Why are you interested i	n being a member of the CASA of Gage County Board?

*****Demographic Information****				
Educational background School	Degree — —	Year — —		
Gender: Female Male	_			
Date of Birth:	_			
	51-60 61-70 71-80+	_		
	51-60 61-70 71-80+ _ f <b>expertise you bring to the boa</b> Education			
21-30 31-40 41-50 _ Please check any area(s) of	f expertise you bring to the boa	rd (check all tha		
21-30 31-40 41-50 _ Please check any area(s) of Social services	f <b>expertise you bring to the boa</b> Education	rd (check all tha		
21-30 31-40 41-50 _ Please check any area(s) of Social services Financial	f <b>expertise you bring to the boa</b> Education  Business/corporate	rd (check all tha		
Please check any area(s) of Social services Financial Law Law enforcement	f <b>expertise you bring to the boa</b> Education Business/corporate Insurance	rd (check all tha		
Please check any area(s) of Social services Financial Law Law enforcement Medical/therapeutic	f expertise you bring to the boat Education Business/corporate Insurance Government Affairs	rd (check all tha		

Please return the completed application to Amber Lovitt, Executive Director CASA of Gage County